REPORT OF THE
DEPARTMENT OF HEALTH
CENTER FOR PRIMARY CARE AND RURAL HEALTH

Recruiting and Retaining Health Care Providers for Underserved Populations and Areas and Health Professional Shortage Areas throughout the Commonwealth

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

SENATE DOCUMENT NO. 13

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COMMONWEALTH of VIRGINIA

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State Health Commissioner

Department of Health

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TO: The Honorable James S. Gilmore, III
and
The General Assembly of Virginia

The report contained herein is pursuant to Section 32.1-122.22 of the *Code of Virginia* of the 2000 session of the General Assembly.

This report constitutes the response of the Virginia Department of Health (VDH) by providing a summary of the Center for Primary Care and Rural Health program activity in fiscal year 2000. This report includes planned activities for the coming year, the number and type of providers who have been recruited to care for Virginia's underserved populations and practice in underserved areas in Virginia, utilization of scholarship and loan repayment programs, retention rate of providers who have located in underserved areas. In addition, the report recommends new programs, activities, and strategies for increasing the number of providers in Virginia's underserved areas. The options listed in Section vi is in response to language in the *Code of Virginia* and should not be construed as a request for funds or staffing.

The cost incurred by VDH in preparing this study was $6,340. This involved 75 staff hours of time.

Respectfully submitted,

E. Anne Peterson, M.D., M.P.H.

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State Health Commissioner

Virginia Department of Health
Center for Primary Care and Rural Health

Primary Care Workforce and Health Access Initiatives
Annual Report

Authorization

Section 32.1-122.22 of the *Code of Virginia* provides that the Commissioner shall submit an annual report to the Governor and the General Assembly regarding the Department's activities in recruiting and retaining health care providers for underserved populations and areas and health professional shortage areas (HPSAs) throughout the Commonwealth. The annual report shall include, but not be limited to, information on: (i) the activities and accomplishments of the Department during the report period; (ii) planned activities for the coming year; (iii) the number and type of providers who have been recruited to care for Virginia's underserved populations and practice in underserved areas and HPSAs in Virginia as a result of Department activities; (iv) the retention rate of providers who have located in underserved areas and HPSAs as a result of Department activities; (v) the utilization of the scholarship and loan repayment programs authorized in Article 6 (§ 32.1-122.5 et seq.) of this chapter as well as other programs or activities authorized in the appropriation act for provider recruitment and retention; and (vi) recommendations for new programs, activities and strategies for increasing the number of providers in Virginia's underserved areas and HPSAs and serving Virginia's underserved populations. The annual report shall be submitted by October 1 of each year.

Background

Mission

In 1994, the Virginia Department of Health (VDH) applied for the Robert Wood Johnson Practice Sights Initiative Grant (RWJ Grant) in cooperation with the Joint Commission on Health Care (JCHC). At that time, the Department's Center for Primary Care and Rural Health developed a mission statement.

The mission of the Center pursuant to the RWJ Grant has been to forge partnerships that help build and maintain healthy communities and populations throughout Virginia. The Center, in fulfilling this mission, strives to:

- **Assist** Virginia's communities in developing the conditions in which their citizens can be healthy,

- **Consult** with communities to determine their vision for a healthy community and to empower them for action,

- **Assemble** the best possible teams of experts to assist communities in meeting the challenges of their new healthcare marketplace,

- **Assess** the status of Virginia's healthcare market regions to determine the availability and accessibility of primary care services,

- **Disseminate** information and data, and promote research, which will provide the basis for development and change within the health and health care system,

- **Facilitate** the recruitment and retention of Virginia trained primary care professionals in medically underserved areas of the Commonwealth, and

- **Pursue** adequate funding resources to develop its programs.

History

The Virginia Statewide Health Coordinating Council in 1989 developed a *Five Point Plan for Strengthening the Primary Care System* (*Five Point Plan*). The *Five Point Plan's* proposals were accomplished through funding by the General Assembly, federal sources, and private foundation grants to the VDH, Center for Primary Care and Rural Health, other state agencies, and private entities. The *Five-Point Plan's* proposals and our accomplishments are summarized as follows:

✓ **Revise the Existing (1989) Medical Scholarship Fund**

Since VDH assumed the responsibility of administering this program in Fiscal Year 1990-91, scholarships have been awarded to approximately 150 recipients, thereby providing almost 300 years of medical practice in Virginia's underserved communities.

✓ **Establish a Physician Loan Repayment Program**

Virginia participates in the National Health Service Corps State Loan Repayment Program called the National Health Service Corps-Virginia Loan Repayment Program. In addition, the Commonwealth has established its own Loan Repayment Program called the Virginia Loan

Repayment Program. This state-funded program will become fully functional in fiscal year 2001.

✓ **Support Increased Medicaid Payments to Primary Care Physicians**

HCFA has certified more than 70 Rural Health Clinics and now funds 32 Community Health Centers. By virtue of the certification, these clinics all received cost-based Medicaid/Medicare payments substantially above standard fee-for-service payments. In addition the Center has begun a practice management support program which has concentrated on improving billing practices of physicians in medically underserved areas of the Commonwealth.

✓ **Develop a Statewide Area Health Education Center (AHEC) Program**

The Virginia Statewide AHEC, in coordination with the Center, is a significant focal point for the health care workforce and health access programs in the Commonwealth. The Center, the Statewide AHEC and the seven regional AHECs, Virginia Tech's Institute for Community Health, Southwest Virginia Graduate Medical Education Consortium (GMEC) have formed a comprehensive network encompassing other organizations, agencies, and programs who are attempting to improve access to health care services in Virginia.

✓ **Establish a Primary Care Center Construction Fund**

Through the coordinating efforts of the Virginia Health Care Foundation and the Robert Wood Johnson Loan Fund, Virginia has a low interest loan program for primary care providers in Virginia's medically underserved areas.

The Five-Year Action Plan. *The Five Point Plan* provided the basis for the *Five-Year Action Plan, Improving Access to Primary Health Care Services in Medically Underserved Areas and Populations of the Commonwealth.* The State Health Commissioner presented the plan to the Joint Commission on Health Care in October of 1996. In fiscal year 1999 the General Assembly appropriated $325,000 per annum to fund the initiatives in the *Five-Year Action Plan* and to continue the efforts begun by the Virginia Department of Health (VDH) and the Joint Commission on Health Care under the Robert Wood Johnson Foundation, Practice Sights Initiative Grant. The funds support recruitment and retention activities, provide a match for the federal rural health grant, partially covers support staff for the scholarship and loan repayment programs, and public private models and initiatives described below as the Virginia Health Access

Network (VHAN). This annual report is for the second year of the five-year action plan and has been structured to reflect the accomplishments the Center has made toward the plan's goals.

The action plan addresses health access issues by looking at four strategic areas, which are listed and will be discussed in detail below:

- Public Private Partnerships
- Primary Care for Vulnerable Populations and the Uninsured to Reduce Health Disparities
- Data Gathering, Research and Application
- Primary Care Workforce Initiatives.

This annual report will demonstrate how these earlier programs, initiatives, and plans are evolving and are being integrated into a coherent strategy to improve access to care within the Commonwealth.

(i) The activities and accomplishments of the Center for Primary Care and Rural Health during the report period;

Public Private Partnerships

The Center has collaborated with public and private sector leaders to initiate and facilitate partnerships and leverage state funds to enhance access to primary care. In order to leverage limited federal and state funds as well as secure the cooperation of statewide organizations and local communities, public private partnerships have been viewed as imperative and remains as one of the top priorities of VDH. The Center's activities are designed to be inclusive and supportive of all statewide and community efforts to improve access to health care in the Commonwealth. To accomplish this goal within the past year, the Center has established the Virginia Health Access Network (VHAN). The VHAN brings together the public/private sector organizations having a common focus on specific health access issues.

The VHAN, by virtue of its cooperative nature, optimizes the Commonwealth's investments. It reduces multiplication of programs by bringing like-minded organizations together. As partners, its mission is to foster increased access to health care resources throughout the Commonwealth. The charter members of VHAN are all non-

direct providers of care whose mission is to improve health access at the community level. They charter members are: the VDH-Center for Primary Care and Rural Health, Virginia Tech-Institute for Community Health, Southwest Virginia Graduate Medical Education Consortium, Blue Ridge Area Health Education Center (AHEC), Southwest Virginia AHEC, Southside AHEC, Northern Virginia AHEC and Rappahannock AHEC.

VHAN focuses on solutions to "health access *problems*" and not the "health access *program*." VHAN has emerged as the central planning and funding mechanism which ensures the Commonwealth's health care workforce and health access initiatives are designed, administered, and funded in a coordinated manner. It is becoming a focal point for bringing together private and public sector organizations and communities with a common concern for addressing specific health access problems. Among other outreach efforts, VHAN News is sent quarterly to over 17,000 Virginians, who have an interest in primary care, rural health, and health access issues.

Within the past year, the Center has established several memoranda of agreement (MOA) which have formed the core of the VHAN activities. These MOAs reflect specific collaborative relationships within VHAN and do not represent the total activities of these organizations. These VHAN activities are listed in the Table 1 below:

TABLE 1
The Virginia Health Access Network

Organizational Lead	Scope of Services	Accomplishments
Rappahanock AHEC	**Virginia Health Access News** A statewide quarterly newsletter fostering increased access to health care resources throughout the Commonwealth. This MOA also requires a web site that will link all VHAN partners and other health work force and health access sites.	Two issues of the newsletter were published last year (See Appendix A). A web site is scheduled to be accessible by the Fall of 2000.
Blue Ridge AHEC	**Recruitment and Retention Network** The key component of this effort is Primary Practice Opportunities, an interactive web site displaying practice opportunities for physicians, nurse practitioners and physician assistants. The site links local community and professional resources to aid the prospective recruit in his choice to choose Virginia.	The web site has been operational since July 1999 and is presently located at http://www.ppova.org. This site has facilitated eight placements in medically underserved areas since January 2000; two family physicians, two pediatricians, one physician assistant and two nurse practitioners. The site has reported over 3,000 "hits".
Northern Virginia AHEC	**Multicultural Health Network** The focus of this MOA is to establish and maintain a network to strengthen the connections among health professionals involved with multicultural populations in Virginia and to facilitate communication between these providers, the AHECs and migrant and immigrant service organizations.	Through this agreement a medical language bank that provides certified medical translators to medical personnel has been established. Two programs were presented, one in Northern Virginia and one in Harrisonburg to certify volunteers. The plan is to continue the training across the Commonwealth. A conference on multicultural health issues was presented in May (See Appendix B).

Table 1, Cont.

Organizational Lead	Scope of Services	Accomplishments
Virginia Tech, Institute for Community Health	**Community Health Care Coalition Network** This MOA establishes a focal point for local community health coalitions, advisory boards and councils throughout the Commonwealth. The Institute maintains a listing of health care coalitions, which can be accessed through a web-based locator map	The development of a web site that can be viewed at http://www.chre.vt.edu/ICH/coalitions.htm
Virginia Tech, Institute for Community Health	**Community Health Advisor /Workers Network** This project involves the development of a statewide listing of both local and statewide Community Health Advisor programs (also known as Lay Health Advisors). Research is underway to identify multiple methods of communicating and disseminating information to these programs. A bibliography, resource list, and a collection of curricula have been developed. This Network has a web locator map and is working on additional program resources including trainers' materials and curricula.	The development of a web site that can be viewed at http://www.chre.vt.edu/ICH/ccc.htm
Southwest AHEC	**Behavioral/Mental Health and the Primary Care Network** Southwest Virginia AHEC and the Center are partnering with community service boards, physicians and medical societies, mental health associations, hospitals and health care organizations to create a continuing medical education program on prevention, diagnosis, and treatment of mental illness within the primary care setting. This program will foster innovative methods for learning and communicating among providers to ensure continuity of care and a focus on behavioral health at the community level.	Application for CME credits has been applied for and the curriculum developed.
Southwest AHEC and the Institute for Community Health	**Health Literacy Network** After a very successful Health Literacy Conference (1998) it was determined that health communication experts needed to be in closer communication with each other. A Network was developed focusing on health literacy, health communication materials and consultation and advice. It has resource materials to address general health literacy topics, as well as specific health issues and needs of diverse audiences. Health Literacy Network partners will continue to sponsor health literacy conference and training workshops across the Commonwealth.	The development of two web sites that can be viewed at: http://www.chre.vt.edu/projects/ICH/healthlit.htm
Virginia Tech, Institute for Community Health	**AG-Medicine Network** Building on research completed by the Federal Office of Rural Health Policy and the American Academy of Family Physicians, this MOA includes the printing and distribution of over 4,000 copies of a book, *Ag-Med: The Rural Practitioner's Guide to Agromedicine* to providers in rural Virginia. It is anticipated that this book will be placed on a web site and also that it will be translated into Spanish for use among Virginia's migrant farm workers. Over thirty endorsements were received including those from Caring Congregations Program, Union Theological Seminary; Capital Area Rural Health Roundtable, George Mason University; Department of Entomology, Pesticide Programs Unit, Virginia Tech; Migrant Health Network—Alianza de Salud; National Black Farmers Association Integrated Farms Outreach Program; Rural Health Policy Program, Virginia Tech; U.S. Department of Agriculture Rural Development, Virginia Pharmacists Association; Virginia Farm Bureau Federation; Virginia Institute for Pharmaceutical Care; and the Virginia, Maryland and Delaware Association of Electrical Cooperatives. All of the relevant health care provider/professional organizations also endorsed this project.	The *Ag-Med* book was printed and over 4,000 copies were distributed. Also, the Center has mailed copies to other states and health institutions as requested.
Center for Primary Care and Rural Health	**Primary Care Practice Support Project** This MOA with a private consulting firm has concentrated on providing practice management, capital development strategies, and reimbursement expertise for practices in underserved areas, which are being threatened with closure.	This project has a supportive and consultative function with regard to the entire Network.

Listed below are the strategic governing features the VHAN has developed over the past year:

- *Address health access problems, not programs.*

- *Expand VHAN recruitment and retention services by partnering with Blue Ridge Area Health Education Center to develop a web site dedicated to the recruitment of physicians and mid-level health professionals.*

- *Create a sub-network that targets each access issue* such as a network that addresses health literacy.

- *Develop a statewide centralization of experts within each problem area.* This eliminates fragmentation of efforts. In effect, the Center has developed "centers of excellence" around specific issues and has given VHAN the funds to concentrate their efforts.

- *Maximize benefits of overlap of services among problem areas*, e.g., cultural competency, minority health, health literacy and community health advisors. This effort is viewed positively as a strategy to unify health access and health care workforce initiatives. Teams of experts who are working on clearly defined health access and health care workforce issues are tasked with finding solutions, not simply developing programs.

- *Define a problem and seek a solution that is organization specific.* Real health outcomes within communities are expected, not just programmatic outcomes.

- *Organize information regarding problem areas in the same manner as individuals and organizations would search for information on the Internet.* VHAN is structured to facilitate providing information in the way individuals think about access issues and solutions and the way individuals organize their knowledge about health access problems.

In the coming year VHAN anticipates expanding its membership to other groups of non-direct providers of health care who (1) have a concern to improve the health status and health outcomes of Virginia's communities, (2) are willing to address the numerous cultural social and economic barriers that deny access to appropriate and quality health care, and (3) are committed to working together with VHAN partners to improve access to health care.

Primary Care for Vulnerable Populations and the Uninsured to Reduce Health Disparities.

In an effort to address issues confronting vulnerable populations and the unisured the Center participates in programs such as the CMSIP initiative and identifies health professional shortage areas. The Center also identifies barriers to health care access for special populations. One of the issues of the *Five-Year Action Plan* was to identify how VDH could better serve vulnerable populations and the uninsured.

Health Status Disparities. Health status statistics have consistently shown that racial minorities and rural communities are vulnerable populations. The top two areas where health disparities exist are between black and white persons, and between rural and urban residents. Of the Commonwealth's 6.8 million citizens the estimate of total population in poverty is 11.3% and the estimate of total population without insurance coverage is 14.1%.

Table 2 presents statistics for certain health status indicators that show health disparities between the black and white population in Virginia:

TABLE 2

Health Disparities Between Black and White Virginians

Indicator	Black	White	Statewide
Diabetes Mortality Rate (per 100,000 population)	30.5%	17.2%	19.4%
Stroke Mortality Rate (per 100,000 population)	61.6%	56.0%	55.8%
Percentage of Overweight Persons (based on total population)	41.5%	28.2%	30.1%
Infant Mortality Rate (per 1,000 live births)	14.5%	5.5%	7.4%
Low Birth Weight (based on total live births)	12.7%	6.5%	7.9%
Non-Marital Birth Rate (based on total live births)	63.7%	19.9%	29.8%
Homicide Mortality Rate (per 100,000 population)	18.5%	3.1%	6.1%
Reported Cases of Gonorrhea	7,176	882	9,215
Reported Cases of Syphilis	337	28	379

*1998 data provided by the Center for Health Statistics and the Office of Epidemiology within VDH.

Health Outcome Disparities. In the past year, VDH contracted with the Williamson Institute at MCV/VCU to produce the Sentinel Measures Study. This study refers to primary care preventable hospitalizations using Virginia Health Information (VHI) hospital discharge data. For example invasive cervical cancer in women may indicate that they did not receive Pap smears or that their conditions were not diagnosed and treated at an appropriate early state. The measurement of sentinel events, using primary care preventable outcome codes, will help to identify problems either of people not obtaining needed primary care or of not receiving quality care that is prompt and appropriate.

- The top five urban Virginia localities with consistently the highest number of sentinel events (1995-1998) are: **Richmond, Fairfax, Norfolk, Virginia Beach, and Henrico**

An example of the rural/urban health disparity is that 70% of the total Primary Care Health Professional Shortage Areas (HPSA) in Virginia are designated as non-metropolitan. The following data, taken from the Sentinel Measures Study is revealing with regard to health outcomes for rural and urban residents within the state.

- Predominately rural localities that appear in the top seven areas on the basis of the ratio of actual to expected sentinel events (1995-1998) are: **Emporia, Fredericksburg, South Boston, Franklin, Norton, Manassas Park, and Petersburg**

As previously mentioned, the Sentinel Measures Study is an indicator of unnecessary hospitalizations for primary care preventable disorders. It is an independent measure, which is not dependent on physician to population ratios, providing a distinctive health outcomes measure of access to healthcare. The Center's study, therefore, emphasizes the need for *appropriate utilization* of *quality* primary care as a measure of access. Health access and health disparities are seen as distinctive features of the health care system which are independent of the supply of primary care providers.

100% Access and 0 Health Disparities. The Center is participating in the Health Resources Services Administration's (HRSA), Bureau of Primary Health Care (BPHC) campaign for "100% Access and 0 Health Disparities" by the year 2010. The Center, as the state's representative in the State/Federal Primary Care Cooperative Agreement, in coordination with the Virginia Primary Care Association (VPCA), has accepted this federal challenge. The VPCA is the lead agency in Virginia working directly with communities. The Center is participating by providing technical assistance to communities seeking health professional shortage designations, which enables them to better address access and disparity issues at a local level.

The Center provided technical assistance to the following eight communities: Page County, Richmond City homeless population, Free Clinic of Central Virginia in Lynchburg, Newport News-census tracts 301-309 and 313, Mendota in Washington County, Konnarock in Smyth County, Patrick County, and Northwest Roanoke.

The Virginia Primary Care Association and the Center have taken a significant step in placing the Commonwealth in the forefront of this national campaign to reduce health disparities. The 100% Access and 0 Disparities campaign in Virginia also incorporates the Healthy People 2010 initiative using health status indicators and the Center's sentinel measures research to make the removal of health access barriers and the elimination of disparities a community reality for Virginians. The description of HRSA's campaign can be found at http://www.bphc.hrsa.dhhs.gov/campaign.htm.

In the past year, the Center addressed the issues of vulnerable populations and the uninsured by sponsoring three projects that are described below.

1) Dr. David Cockley of James Madison University conducted an assessment of the formative stages of the "Health Depot" program in Nelson County, called the Wellness In Nelson (WIN) Project. Nelson County is a designated Health Professional Shortage Area (HPSA). This model is a pilot project and it mirrors the proposed primary care only insurance program suggested for the uninsured in the *Five-Year Action Plan.* The assessment and analysis will be publicly available in October 2000.

2) The Center developed, in conjunction with adult education specialists at Virginia Tech, Institute for Community Health, a "plain language" training curriculum for the Commonwealth's Children's Health Insurance Initiative (CMSIP). This training allows lay health advisors to assist individuals and families with completing the CMSIP eligibility application forms.

3) Co-sponsored a conference with the Virginia Rural Health Association addressing rural minority health issues.

(ii) Planned activities for the coming year;

The Center's proposed activities will be aligned with available state, federal and private resources. The following are activities the Center could pursue from July 1, 2000 through June 30, 2001.

- *Sentinel Measures Study.* This is a continuation of the major study on *Small Area Analysis of Primary Care Sentinel Events in Virginia: 1995-1998,* which

focuses on primary-care-preventable hospitalizations within the Commonwealth for a four-year period. The report will describe the incidence of hospitalizations for diabetes, hypertension, and asthma in the Commonwealth. This publication will be available to the public in late Fall 2000.

- *Wellness in Nelson (WIN) Passport Program,* also known as, *Nelson County's Health Depot.* This "Health Depot" program, described on page 10, in Nelson County, a designated Health Professional Shortage Area (HPSA), is one of the Commonwealth's most innovative solutions to the problem of the uninsured. The Center funded the evaluation of the program by James Madison University. The findings, which include innovative approaches to health access, will be publicly available in October 2000. The Center is presently supporting the Blue Ridge AHEC in its replication of this project in Page County.

- *Data Health Guide.* The Center for Primary Care and Rural Health Data Health Guide will be available to the public December 2000. It will contain health access data of every county and independent city in the Commonwealth. This data guide provides the basic information that most public and private grant applications require and is depended on by many community based health coalitions.

- *Re-engineering Project.* The Center received approval for funding in fiscal year 2001 to work with the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC), Division of Shortage Designations (DSD) on a re-engineering pilot project. This project hopes to streamline the designation process of designating health professional shortage areas and medically underserved areas by allowing the Center to review the first phase of applications, that is normally reviewed by the DSD. Although a number of states applied for the grant, only two states were selected to pilot this process-California and Virginia. The staff at the Center will be trained and authorized by the DSD staff, to work with the DSD software system. This pilot will expedite the application process at the DSD and reduce the waiting period, which may be from three months to one year, to approve a HPSA or a MUA designation application. The Bureau anticipates that it will take one year to train staff at the state level and to evaluate this pilot.

- *HPSA Designations.* The Center will continue all HPSA designations, primary care, dental, and mental. The plan is to continue the state survey for dental HPSAs and in cooperation with MHMRSAS expand the number of mental HPSAs.

- *Critical Access Hospitals Program.* The Center submitted the Virginia Rural Health Plan, which has been accepted by the Health Care Financing Administration (HCFA). This plan allows Virginia to implement the Medicare Rural Hospital Flexibility Program which allows for the establishment Critical Access Hospitals (CAHs). The Center is working with three rural hospitals in their efforts to establish the feasibility of their conversion to CAH status.

- *Scholarship and Loan Repayment.* The Center will continue administering the Virginia Medical Scholarship Program, the Mary Marshall Nursing Scholarship Program, National Health Service Corps Loan Repayment Program, and the Virginia Loan Repayment Program.

- *Resident Recruitment.* The Center's recruitment and retention staff will continue marketing its services by scheduling separate visits with Medical College of Virginia's Family Practice Residency Directors, its second year residents and its third year residents. In addition, the Recruitment Liaison Specialist will be visiting the residency programs at Eastern Virginia Medical School and the University of Virginia.

- *Physician/Psychiatrist Recruitment.* Recruitment and retention services are scheduled to be marketed to the Virginia Association of Community Service Boards in the fall and the Virginia Academy of Internal Medicine in the spring. Plans to speak and market its recruitment and retention services are ongoing with the Medical Society of Virginia and the Virginia Academy of Family Practitioners.

- *Recruitment Web Site.* The Center will continue its Primary Care Workforce Initiatives by expanding its efforts to recruit and retain physicians, psychiatrists and mid-level health care professionals through the Primary Practice Opportunities web site (http://www.ppova.org) and the Center's recruitment services.

- *Public Housing Health Services.* The Center has received funds from the BPHC to implement a low-income urban housing health care access project, in conjunction with Housing and Urban Development (HUD). The project goal is to develop a network with health care providers to collect data and analyze the feasibility of providing services in public housing developments in the East End of Richmond City.

- *Continue Public Private Partnerships.* The Center plans to continue nurturing Public Private Partnerships and maintain the VHAN, providing technical

assistance, conferences, and web site development for issues pertaining to health access and health disparities.

- *Health Care Workforce Database.* The Center will continue its efforts to collect physician data from state and other publicly available databases. It plans to systematically develop the appropriate databases to fulfill the needs of all primary care health planners and policymakers within the state. To accomplish this requirement, VDH plans to take the lead in convening a taskforce of all stakeholders. These data will be presented in a relational database format that is easy to query and available to a broad spectrum of stakeholders. In order to maintain current information in this database, data gathering and storing is an ongoing process.

- *Ag-Med Translation.* The well-received book, *Ag-Med: The Rural Practitioner's Guide to Agromedicine* will be translated into Spanish for use among the migrant labor populations in rural Virginia.

- *Competency Conference.* The Center will continue its work on health literacy and cultural competency by hosting a conference on these subjects with the Northern Virginia AHEC and the Southwest Virginia AHEC.

- *Rural Health Conference.* The Center will co-sponsor with the Virginia Rural Health Association a conference on rural health in the Commonwealth.

(iii) The number and type of providers who have been recruited to care for Virginia's underserved populations and practice in underserved areas and HPSAs in Virginia as a result of the Center's activities;

The General Assembly in 2000, mandated the designation responsibility for Primary Care HPSAs, Mental Health HPSAs, and Dental HPSAs to the Department of Health because of its successful designations of primary care HPSAs. To accomplish the data collection and submission process the Center has established a MOA with VCU/MCV, Department of Health Administration for two master-level interns to assist with data collection and conducting surveys. In order to determine eligibility for a federal Health Professional Shortage Area (HPSA) designation it requires that the Center collect practice-site-specific data of health professionals, as well as conduct surveys of primary care physicians relative to their total hours of service offered at specific site locations. The Center must also track providers that accept Medicaid and Medicare and document number of uninsured patients. The accomplishments of the Center with regard to the HPSA application process over the past year are as follows:

Health Professional Shortage Areas (HPSAs)

➢ Primary Care HPSAs

There were eight new designations in fiscal year 2000. They are listed below:

1) Page County, is eligible and in the process of recruiting a National Health Service Corps (NHSC) physician.

2) Richmond City-Homeless Population was eligible to apply for federal funds and presently will be receiving $300,000 annually for the next three years.

3) Free Clinic of Central Virginia in Lynchburg, applied for and received a grant from the Virginia Health Care Foundation to retain a NHSC Nurse Practitioner for their clinic.

4) Newport News (census tracts 301through 309 and 313) was able to recruit a J-1 physician and request additional NHSC mid-level health care professionals.

5) Mendota in Washington County, is now eligible to apply for a Rural Health Clinic status and recruit a physician and nurse practitioner for its mountain communities.

6) Konnarock in Smyth County, a rural clinic will now be eligible to receive the 10% Medicare Incentive Benefits and will be able to use these funds to recruit additional staff and add a part-time physician to their rural practice.

7) Patrick County is eligible to recruit a NHSC or a J-1 physician.

8) Northwest Roanoke has applied for a NHSC physician and a Nurse Practitioner for the Kuaumba Community Health Center to be opened in the fall 2000.

In addition to the new designations the Bureau of Primary Health Care, Division of Shortage Designation approved the following eight HPSA designation renewal applications:

1) Bedford County - Big Island and Peaks Districts
2) Charlotte County
3) Craig County
4) Petersburg - Federal Correctional Institute

5) Carroll County - Laurel Fork District
6) New Kent County
7) Botetourt County - Northern Area
8) Chesapeake - South Norfolk

Alleghany County's designation was removed this year because the ratio of physicians to population was reduced due to successful recruitment and retention of providers who have made a decision to remain in this area.

For a complete listing of all counties and independent cities, which are Primary Care HPSAs, MUAs and VMUAs refer to Appendix C.

➢ **Mental Health Professional Shortage Areas**

The Center and the Department of Mental Health, Mental Retardation, and Substance Abuse Services (MHMRSAS) established a MOA to designate Mental HPSAs in the Commonwealth. Supplemental funding was received from MHMRSAS for this process.

Data on eight areas of the state were collected and analyzed for Mental HPSA designation. It was determined that six areas met the criteria for Mental HPSA designation and these were submitted to DSD. They are listed below:

Designated

1) Planning District XII which includes the counties/cities of Danville, Pittsylvania, Martinsville, Henry, Patrick, and Franklin

2) Northern Neck/Middle Peninsula which includes the counties of Westmoreland, Northumberland, Lancaster, Richmond, Essex, Middlesex, Mathews, Gloucester, King and Queen, and King William

Pending

1) LENOWISCO which includes the counties/cities of Lee, Norton, Wise, and Scott

2) Crossroads which includes the counties of Charlotte, Prince Edward, Buckingham, Cumberland, Amelia, and Nottoway

3) Eastern Shore which includes the counties of Accomack and Northampton

4) Mount Rogers which includes the counties/cities of Smyth, Wythe, Grayson, Carroll, Bland, and Galax

Did not meet Mental HPSA Criteria

Data surveys and analysis on the following two areas show that they have adequate mental health professionals to serve the residents of their district.

1) Alleghany District which includes the counties/cities of Alleghany, Clifton Forge, and Covington

2) Highlands District which includes the county/city of Washington and Bristol

Recruitment in Mental HPSA

The benefits of being designated a Mental HPSA has provided the following counties and facilities with successful recruitment efforts. Five psychiatrists (J-1 Visa Waiver Program doctors who are required to work in HPSAs) have been placed for employment by the local Community Service Boards: two were placed in Danville, two in Planning District II (Buchanan, Tazewell, Russell, and Dickenson Counties), and one in Planning District XIX (Sussex, Surry, and Dinwiddie Counties). Presently the Center is working with Community Service Boards and State facilities to recruit additional psychiatrist.

➢ **Dental HPSAs**

The Center entered into an agreement with the VDH, Division of Dental Services to designate Dental HPSAs in the Commonwealth. This past year eight renewals, one new approved designation, and 17 new pending designations were submitted to DSD. In addition the Center is in the process of collecting data and surveying dentists and have 16 applications in progress. They are listed below:

Renewals

1) Accomack/Northampton
2) Buchanan
3) Charlotte
4) Dickenson
5) Lee
6) Nelson
7) Newport News (census tracts 302-309, 313)
8) Russell

New Approved Designations

Richmond City Homeless Population, enables the Daily Planet, a facility that serves the Homeless to participate in the BPHC Oral Health Initiative as a pilot project for the next three years.

New Requested Designations (pending at DSD)

1) Amelia
2) Appomattox
3) Buckingham
4) Craig
5) Floyd
6) Greene
7) Halifax
8) King and Queen
9) King George
10) Louisa
11) Lunenburg
12) Nottoway
13) Patrick
14) Prince Edward
15) Rappahannock
16) Surry
17) Westmoreland

Applications in Progress

1) Caroline
2) Charles City
3) Danville City
4) Dinwiddie
5) Fluvanna
6) Franklin
7) Henry
8) James City
9) Mecklenburg
10) New Kent
11) Orange
12) Portsmouth City
13) Prince George
14) Smyth

15) Stafford
16) Tazewell

The designation of dental HPSAs will enable communities to recruit dentists who are in either the National Health Service Corp scholarship or loan repayment programs. Other grants are also available for oral health initiatives within dental health professional area. Dentists planning to expand or start a practice are eligible for low interest loans through the Virginia Health Care Foundation, Healthy Communities Loan Fund.

Primary Care Workforce Initiatives

The Center links communities and health professionals though its recruitment of health professionals. It continues to strengthen its medical practice management capabilities in order to retain primary care providers in underserved areas of the Commonwealth. Increasingly throughout the 1990s, the market for primary care physicians became a national and even an international market. Significant outcomes from the Center's primary care workforce initiatives over the past year include the following:

- The Virginia Medical Scholarship Program has **40 scholars** currently working in underserved areas to fulfill their scholarship obligation. These scholars have completed a total of 38 years of service and have a total of 51 years remaining on their obligation.

- J-1 Visa Waiver Program placed **19 primary care physician applicants** in Primary Care and Mental Health HPSAs.

- Through the nursing and LPN scholarship program the Center has **93 nursing graduates** working in the Commonwealth to fulfill their scholarship obligation.

- National Health Service Corps (NHSC)-State Loan Repayment Program awarded loan repayment to **two new physicians** during the past year; one in Grayson County and one in Page County. **Five physicians** worked in designated HPSAs to complete their service obligation over the past year.

- The Center works diligently to match practitioners with practice sites that will be mutually beneficial for both entities. The Center's recruiter liaison successfully placed five Family Practitioners, one OB/GYN, one Pediatrician, and one Nurse Practitioner, totaling **eight placements** in underserved areas. These placements were in addition to placements made by the J-1 Visa Waiver Physician, loan repayment, and scholarship programs. The recruiter

liaison established contact with **44 clinicians and 23 sites** last year. Currently, the Center is assisting **28 practice sites** with recruitment in medically underserved areas that are searching for physicians or midlevel providers.

- Center staff marketed the recruiting services by making presentations and visits to the three medical schools in the state. In addition, visits were made to the schools' residency programs, and presentations were provided to the Medical Society of Virginia, and the Virginia Academy of Family Practitioners.

(iv) The retention rate of providers who have located in underserved areas and HPSAs as a result of the Center's activities;

Recruitment

As competition for physicians increased, recruitment and retention programs have become necessary. The Center with its VHAN partners has developed a state-of-the-art recruitment web site found at www.ppova.org. The log of the recruitment web site through August 22, 2000 (Table 3) reveals some of the outreach that is possible through the VHAN's Internet recruitment efforts. There were a greater number of web site contacts in May and June and less in the later summer months. Detailed records such as these have demonstrated successful outreach of this portion of the recruitment effort.

TABLE 3
Primary Practice Opportunities of Virginia Report
http://www.ppova.org

Timeframe	# Hits Home Page	# Hits Entire Site	Avg. Hits Per Day	Most Act. Day of Week	2nd Active Day of Week	Time of Day Most Act.	Time of Day 2nd Active	# Users Visit Once	# Users More/ Once
Mon. 5/22/00-Thur. 6/8/00 (18 days)	420	10,300	605	Wed.	Sat.	2-4 pm	9-10 pm	155	76
Thurs. 6/8/00-Tues. 6/27/00 (20 days)	527	9,861	493	Thurs.	Tues.	10-11 pm	4-5 pm	248	153
Thurs. 6/29/00-Wed.7/12/00 (14 Days)	148	3,662	281	Tues.	Thurs.	12-1 pm	11-12 pm	123	72
Wed. 7/12/00-Fri. 7/28/00 (17 days)	173	4390	274	Wed.	Sat.	9-10 pm	10-11 pm	112	109
Wed. 8/2/00- Tue. 8/15/00 (14 days)	116	2,881	221	Mon.	Wed.	1-2 pm	11-12 am	108	119
8/16/00- Tue. 8/22/00 (7 days)	65	1,613	268	Wed.	Thurs.	11-12 am	10-11 am	102	9

The proof of effectiveness is measured, however, in terms of positions filled (Table 4). The majority of the positions filled (86%) were filled by people whose information came from "other outside or unknown sources." This can be accounted for by (1) most of these positions had been listed before the employer had become aware of the web site, (2) special programs, such as J-1 Waiver Program physicians, are not included in the VDH or web site data. The web site may still have unmeasured effectiveness since it provided information on the positions and this may have assisted in filling the position of already interested candidates.

A comparison of Table 3 and 4, demonstrates that the web site provides a Recruitment and Retention (R&R) presence on the weekends and off-hours, which strengthens the efforts of the R&R liaison specialist at the Center. In addition, the web site is being used by health professional organizations as a tool to strengthen their recruitment efforts. VHAN is actively recruiting these organizations to work in partnership to target the recruitment efforts of medically underserved areas.

TABLE 4

Practice Opportunity Data Statistics*

Current Statistics				Source of Information (Filled Positions)			Percent of Total Annual Open Positions which have been Filled
AHEC Regions	**Total Annual Open Positions**	**Current Open Positions**	**Filled Positions**	**VDH**	**Web Site**	**Other**	
Blue Ridge	22	13	9	1	1	7	41.0%
Eastern Virginia	11	7	4	0	0	4	36.4%
Greater Richmond	2	1	1	0	0	1	50.0%
Northern Virginia	5	2	3	1	1	1	60.0%
Rappahannock	6	5	1	0	0	1	16.7%
South Central	23	20	3	0	0	3	13.0%
Southside	8	6	2	0	1	1	25.0%
Southwest	47	34	13	0	0	13	28.0%
Totals	**124**	**88**	**36**	**2**	**3**	**31**	29.0%
Percent Total Filled by Source of Information				6%	8%	86%	

*Data are limited to medically underserved areas of the Commonwealth and excludes J-1 Visa Waiver Program placements.

Center staff marketed the recruiting services by making presentations and visits to the three medical schools in the state. Also, visits were made to the schools' residency

programs, the Medical Society of Virginia, and the Virginia Academy of Family Practitioners.

The Center's R&R Liaison Specialist has established a working relationship with the Department of Corrections, Department of MHMRSAS, statewide facilities and the Community Service Boards to assist these state agencies with recruitment of qualified health professionals.

Retention

National Health Service Corps (NHSC)-State Loan Repayment Program had two participants complete their service obligation. They have continued to practice in the underserved area where they were originally placed.

One state loan repayment was awarded to a physician working in Scott County, enabling the physician to remain practicing in this underserved area.

In an effort to retain practitioners, the Center has provided practice management support to five primary care practices in Southwest Virginia that were being threatened with closure. A MOA with a CPA who is a Certified Medical Coder provides this *pro bono* service, assisting and training physicians and their staff how to effectively submit reimbursements to insurance companies, Medicare and Medicaid. This service presently is available to physicians who are practicing in HPSAs in South West Virginia.

The Center also works with the Virginia Health Care Foundation, which administers the Healthy Communities Loan Fund. This program offers low-interest loans to providers who are located in designated underserved areas. This service is an important way of retaining physicians and dentists in the Commonwealth. In the past year (FY 1999-2000) $2.6 million of low interest loans were awarded to 12 physicians, 3 dentists 2 dental hygienists and 9 nurse practitioners. These low interest loans were used to start a practice or expand an existing practice. Therefore, the loans could be used for either recruitment or retention efforts.

The Center has contacted 5 of the J-1 physicians who received visa waivers in 1997 and have completed their three-year contracts this year (2000) with medical practices in HPSAs in an effort to determine whether they plan to remain in Virginia. All have decided to remain in Virginia to continue practicing in underserved areas. The Center plans to request the physicians to identify important factors contemplated in their decision to remain in the state. This information will be helpful in increasing retention efforts.

(v) The utilization of the scholarship and loan repayment programs authorized in Article 6 (§ 32.1-122.5 et seq.) of this chapter as well as other programs or activities authorized in the appropriation act for provider recruitment and retention;

At the federal and state level, medical scholarships and loan repayment programs were developed to attract primary care providers to medically underserved areas. The Virginia medical and nursing scholarship programs are intended to provide financial incentives for primary care providers to practice in high need regions of the state. The scholarships are annually awarded to medical and nursing students and first-year primary care residents in exchange for year for year commitments to practice in designated areas. Qualifying medical students receive $10,000 per year for up to 5 years.

TABLE 5
Practice Sites of Virginia Medical Scholars

County	Number of Placements
Augusta	1
Accomack	1
Amelia	1
Bedford	1
Big Stone Gap	1
Blacksburg	1
Blackstone	1
Bristol	1
Danville	2
Dahlgren	1
Emporia	1
Essex/Richmond Co.	1
Galax	1
Giles	2
Henry	1
Lancaster	2
Louisa	1
Lunenburg	1
Nassawadox	1
Norfolk	2
Nottaway	1
Onley	1
Page	1
Portsmouth	1
Richmond City	1
Roanoke	1
Smyth	1
South Boston	1
Southampton	1
Staunton	1
Stuart (Patrick Co.)	1
Virginia Beach	1
Washington	2
Weber City	1
Wytheville	1

For FY 1999-2000, there were **40 scholars working in 35** different jurisdictions (See Table 5).

For FY 1999-2000 the Virginia Medical Scholarship Program awarded **41 Virginia Medical**

The Center for FY 1999-2000 awarded **81 RN scholarships** and **50 LPN scholarships** with **93 nursing scholars** currently working in the Commonwealth.

National Health Service Corps (NHSC)-State Loan Repayment Program awarded loan repayment to **two new physicians** in the past year; one in Grayson County and one in Page County. **Five physicians** during the past year were working in designated HPSAs throughout the Commonwealth to complete their service obligation.

(vi) Recommendations for new programs, activities and strategies for increasing the number of providers in Virginia's underserved areas and HPSAs and serving Virginia's underserved populations.

Scholarships and Loan Repayment.

Nationally there is a shift away from scholarships to loan repayment programs. The difficulty with scholarships is that they are awarded at a point in time when the student has not yet matured in terms of the type of practice he or she would want to pursue. The scholarship contract requires the student to make a commitment that they will practice in a medically underserved area. The commitment must be made during medical school or the first year of residency, years before such a determination is often made. Loan repayment programs occur in close proximity with the decision to begin a medical practice and therefore represent a career decision in a way that scholarships can not.

The importance of scholarships should not be underestimated, however, because they are a major tool in recruiting students from rural and underserved areas where financial aid is required. It is these students who are more likely to return to an environment similar to their community of socialization and therefore need added incentives to pursue medical education.

The information provided in the options listed below is only in response to language in the *Code of Virginia*. It should not be construed as a request for funds or staffing.

Option 1: Current level of funding for medical and nursing scholarships remains at their present level.

Option 2: Increase medical and nursing scholarship awards to remain competitive with Virginia's contiguous states (See Table 6) and to stimulate movement into Virginia's medically underserved areas.

Option 3: Allow expenditure of all monies remaining in scholarship funds or paid back on default of scholarship obligations could be placed in a special fund and used for loan repayment and recruitment and retention efforts.

Option 4: Maintain the State Loan Repayment Program at the same level as the federal National Health Service Corp program level.

Option 5: Supplement the General Fund appropriations for nursing scholarships to arrive at an amount per scholarship that is on par with other primary care professionals.

TABLE 6
Scholarship Funding [a.]

Scholarship	*Present Level*	#	Total Dollars (GF and SF)	*Proposed Range*	#	Total GF Dollars
Medical Scholarship [b.]	$10,000	87	GF $465,000	$10,000 to $15,000	87	$465,000 to $697,500
Physician Assistance Scholarship	0	0	0	$5,000 to $8,000	5	$25,000 to $40,000
Nursing Scholarships Nurse Practitioner (NP) and Midwife	5,000	5	GF $25,000	$5,000 to $8,000	5	$25,000 to $40,000
Nursing Scholarships Registered Nurse (RN)	$1,000 to $1,400	[d.]	GF $100,000 BON [c.] contributes- $20,000 to $30,000	$2,000 to $6,000	30	$100,00 to $150,000 [BON [c.] contributes $20,000 to $30,000
Nursing Scholarships Licensed Practical Nurse (LPN)	$120 to $350	[d.]	GF $0.00 BON contributes $12,000 to $18,000	$500 to $2,500	25	$12,500 to $62,500
Nursing Scholarships Certified Nurses Aid (CNA) [e.]	None	0	GF $0.00 BON $0.00	$500 to $1,000	20	$10,00 t $20,00
TOTAL	Present General Funds = $615,000			Proposed General Funds $657,500 to $1,160,000		

a. Any unexpended scholarship funds reverts to the Medical Loan Repayment Fund.

b. The Medical Scholarship monies are distributed as follows: East Tennessee State University 4 scholarships at $10,000 per scholarship, Pikeville, Kentucky, School of Osteopathic Medicine, 2 scholarships at 10,000. The remainder of the $465,000 appropriation is divided equally between the three medical schools within the Commonwealth. Each school receives $135,000 for 27 scholarships. The state portion for each scholarship is $5,000 with a $5,000 medical school match. Unused funds rollover into the Virginia Medical Loan Repayment Program.

c. The Board of Nursing (BON) contributes a portion of their licensure fees to a scholarship fund for Registered and Licensed Practical Nurses.

d. The number of scholarship recipients and the size of the scholarship depend on the pool of qualified applicants and the amount of funds available. The Nursing Scholarship Advisory Committee sets the qualification standards.

e. The CNA Scholarship program is in the *Code of Virginia* but no monies have been appropriated to support this endeavor.

Option 6: Fund a state scholarship and loan repayment program for Physician Assistants, as established by the *Code of Virginia* (see § 32.1-122.6:03.).

Option 7: Increase the funding for the state loan repayment program for primary care physicians, physician assistants, and nurse practitioners. The $500,000 received from the 2000 General Assembly is designated specifically for use by the Department of Mental Health, Mental Retardation, and Substance Abuse Services (MHMRSAS) for their residency mentorship program. Therefore, the State Loan Repayment Program for primary care physicians and mid-level providers is funded solely from funds not used by the Virginia Medical Scholarship Program.

Option 8: Support the implementation of all options 1 through 6.

Practice Management

Consistent with the loan repayment programs discussed above, practice management support brings expertise to bear on practices, which already exist but have become financially unstable. The purpose of this program is to retain physicians in underserved areas. A common scenario is that a physician must discontinue a salaried position and develop an independent practice with little billing or business expertise. The practice management consultants will provide technical assistance to the physicians staff to code billings properly to optimize and improve reimbursements. The VDH, Center of Primary Care and Rural Health could develop a model program where local consultants would provide practice management support at reduced fees and/or *pro bono.* This would resemble the assistance in other professions where such support proves in the long run to be beneficial to the professional and the community.

To develop the organizational expertise for this service within the Center could require a dedicated staff and clerical support. At least $50,000 is needed to establish a revolving fund that could collect interest. This fund will be used to contract with practice management consultants to provide practice management services as described above. The goal of this program is to create financially sound practices that will enable a physician to remain in the community. After a practice is rendered stable, a percentage of the revenues collected by the practice will be returned to the Center and deposited in the fund. Establishing this fund will enable the Center to assist other practices in need of this practice management services.

The information provided in the options listed below is only in response to language in the *Code of Virginia.* It should not be construed as a request for funds or staffing.

Option 1: The Center could continue to refer practice sites in need of assistance to practice management services that may charge a fee for their services.

Option 2: *Appropriate* FTEs to provide practice management services.

TABLE 7

FTE Requirements to Support Statewide Practice Management Assistance Program

Staff	Present FTE	FTE needs
Statewide Practice Management Assistance Coordinator	0.0	1.0
Clerical Staff	0.0	0.5
TOTAL	0.0	1.5

Option 3: Appropriate the funds needed to establish the revolving fund for practice management services.

Option 4: Support both Option 1 and 2 for practice management services.

Options Related to Program Administration

As the medical and loan repayment programs were implemented there were no funds appropriated for the administration of these programs. Funding for administration of these programs comes from a combination of federal funds and general funds appropriated for the *Five-Year Access Plan.*

The information provided in the options listed below is only in response to language in the *Code of Virginia.* It should not be construed as a request for funds or staffing.

Option 1: Appropriate funds for each scholarship or loan repayment program to be used for managing the program at 12% of funding for each program. This program management function must also include the funding of the designation process, which makes such programs viable.

Option 2: Appropriate funds for management fees for designation of dental and mental HPSAs.

New Designations

As changes within the health care system occur shortages of specific primary care specialties can emerge. The primary care specialties of immediate concern are obstetrics, perinatal care and pediatrics. The VDH Division of Maternal and Child Health in conjunction with the local Perinatal Councils and with technical expertise from the

Northern Virginia Health Planning Agency has developed strategies for designating obstetrical shortage areas. Such designations would lead to targeted fiscal support and technical assistance for family physicians or obstetrical specialists who would be willing to practice in such areas. By extension, it can be seen that other specialties such as pediatrics or geriatrics may be lacking within areas of the Commonwealth, thus limiting access to care for specific age groupings.

The information provided in the options listed below is only in response to language in the *Code of Virginia*. It should not be construed as a request for funds or staffing.

Option 1. The Center in collaboration with other VDH departments will analyze the availability of health status and outcome data to determine if specific areas of the Commonwealth need to be designated as primary care shortage areas.

Option 2. The Center in collaboration with other VDH departments will research the necessity of targeting assistance to specialty primary care providers.

Option 3. The Center will continue its outcome studies to determine if disease management within specific regions of the Commonwealth is being addressed appropriately. The Center will develop a strategy for targeting these areas.

Center Staff and Budget Summary To Accomplish Proposed Programs and Improve Existing Programs

The Center has very effectively leveraged its staff capacity within the VHAN and through contracting for key services. To take the Center's efforts to a level comparable to the staff investments of Virginia's contiguous states the following increases would be required. As the Center has detailed in other reports, the HPSA designation process and the technical assistance rendered for grants and reimbursement coding, have a significant fiscal impact on Virginia's underserved areas. The increase of FTEs will greatly facilitate the Center's ability to provide technical assistance to providers in the Commonwealth's medically underserved areas, for example grant availability, reimbursement coding, recruitment, and retention efforts. Table 8 summarizes the present and future needs for FTE's within the Center.

TABLE 8

Present and Future FTE Profile of Center

Staff	Present FTEs	FTEs to Accomplish Proposed Activities
HPSA, MUA, VMUA, J-1 Visa Waivers, Primary Care projects	1.0	2.0
Rural Health	1.0	2.0
Scholarship, Loan Repayment, Primary Care Projects	.6	1.5
Nursing Scholarship	.7	1.0
Recruitment and Retention Liaison Specialist	.6	2.0
Practice Management Coordinator	0.0	1.0
Support Staff	0.3	1.8
TOTAL	4.2	11.3

TABLE 9

Budget Support

		FY 2001		Future Funding for Proposed Activities Based on Options Presented		Difference Between Current and Proposed funding
Line	Item	Federal	State GF	Federal	State GF	State GF
1	Center Staff (TABLE 7 and 8)	$183,500	$60,000	$183,500	$364,500	$304,500
2	VHAN (TABLE 1)		290,000		500,000	210,000
3	Scholarships (TABLE 6)		1,115,000		1,660,000*	545,000
4	Practice Management Contracts		10,000		$90,000	$80,000
5	Critical Access Hospital	210,000		210,000	0	0
6	Contractual (Sentinel Measures, etc.)	65,000		65,000	0	0
7	Supplies and Services	12,530	$11,052	$22,020	$43,740	$32,688
TOTAL		$471,030	$1,486,052	$480,520	$2,658,240	$1,172,18[illegible]

*Difference between FY 2000-2001 and 2001-2002 ($500K utilized by MHMRSAS)

The VDH, Center will continue to leverage its resources through public private partnerships and through the development and expansion of the VHAN and other parties interested in health access and health care workforce issues. The additional funds needed are commensurate with the returns that these investments accrue. The largest part of the monies would be targeted to supporting new and vulnerable providers in medically underserved areas of the Commonwealth.

The increase in FTEs and general fund appropriations is required to fulfill the Center's newly mandated health access and health care workforce services. The Center would analyze and evaluate the effectiveness of state-administered health workforce programs Support staff is needed to assist with expanded programs, such as loan repayment for physicians, mid-levels, and nursing, and dental and mental HPSA designations. In addition, the Center could provide a quality recruitment and retention program, by marketing our services to all residency programs, Virginia medical societies, and state institutions. Training on resume and interview skills could be provided to Virginia Scholars and interested residency programs. Requests have been received from providers on training for recruitment, marketing their areas of Virginia, and practice management in order to retain physicians in underserved areas. The Center would provide educational programs to providers on diverse populations that are isolated because of language barriers and are unable to access health care because of cultural differences.

In addition, the Center would hold regional recruitment fairs to encourage residents to serve in rural medically underserved areas. The Center would initiate an extensive retention study of all the placements of health care professionals that have accessed our services to determine their satisfaction and reason for remaining in Virginia. Also, a recruiter needs to be able to recruit out-of-state to bring the best-qualified candidates to Virginia.

The Center will continue to address outcome measures by refining its primary care sensitive sentinel events measurements and evaluate alternative ways to bring primary health care for the uninsured into Virginia's health care marketplace.

All of these initiatives will allow the Center to more effectively and efficiently address health access issues and health outcomes in medically underserved communities and the vulnerable populations of Virginia.

APPENDIX A

Virginia Health Access News

INFORMATION

Published by RAHEC and funded by VDH's Center for Primary Care and Rural Health as partners of the VHANetwork. Design/Production Team: Christine Ennulat, writer and editor; Mary L. Mayer, graphic designer.

Virginia Health Access News

LEGISLATORS' SPECIAL PREVIEW ISSUE

Volume No. 1
Special Issue
January 2000

A publication of the Virginia Health Access Network — a partnership fostering increased access to health care resources throughout the Commonwealth.

When it comes to health care, most people understand the need for primary care clinics, mental health programs and other such direct efforts. What is less clear is how to help people to avail themselves of existing health care services. There are many barriers limiting access to health care. Prospective patients simply may not know where to find a clinic, or that one is within reach. They may not even recognize their own need of its services. They may be unable to afford the clinic visit. Transportation is often an issue. Language differences interfere. Whatever the reason, the resources already in place are too often underutilized.

Contents

Optimizing Investments

Network Combines Efforts to Improve Health Care Access

A statewide initiative is now underway to offer a most broad-based, cost-effective strategy for improving health care access across the Commonwealth. The Virginia Health Access Network is a partnership specifically designed for this purpose. This Network will bring together the state's health care resources and remove barriers to constituents' receiving appropriate health care. One Network goal is to make Virginia's health care system more navigable for all Virginians.

The Virginia Department of Health's Center for Primary Care and Rural Health (the Center) has initiated and funded this Network as part of their VDH five-year Primary Care Access Plan. The Center's partners include the Institute for Community Health at Virginia Tech (ICH at VT) and several of Virginia's AHECs, or Area Health Education Centers—Blue Ridge (BRAHEC), Northern Virginia (NVAHEC), Southwestern (SWAHEC), Southside (SAHEC), and Rappahannock (RAHEC). Others are being invited to participate to further broaden Network services.

"By going statewide, we're informing people of numerous resources that they were unaware of, not just regionally, but across the state."

– Ken Studer, VDH

The Network is "an organizational structure that provides a clearing house for expertise in health policy and health education directed toward improving access to care," says Margot Fritts, Acting Director of the Center. Since health care access is such a multifaceted concern, it makes sense for each of the Network partners to focus on one or more of these facets. Because health access issues often overlap, the Network provides an ongoing forum for members to share their skills, strategies, time and resources.

Individual projects include a Recruitment and Retention Network begun under the Center's Robert Wood Johnson Practice Sights initiative and expanded by BRAHEC. This effort has already resulted in a Web site, Primary Care Opportunities (home.vmednet.gen.va.us/virginia1), that lists health care opportunities statewide, providing 'one-stop shopping' for prospective primary care providers and employers (see special insert, side B). ICH at VT's Community Health Advisors project has garnered surprising results, documenting hundreds of these programs and thousands of actively involved individuals. ICH at VT has also developed an inventory of over 600 Community Health Coalitions within

Continues on page 4

SPECIAL INSERT TO THE Virginia Health Access News

VHANetWORKS

THE CURRENT PROJECTS

Here's what's going on in the health access arena.

The Virginia Department of Health's Center for Primary Care and Rural Health is a partner in and has provided funding and support for all of the following programs:

Behavioral/Mental Health and Primary Care Network

Southwest Area Health Education Center

Southwest Virginia AHEC and VDH will partner with community service boards, physicians and medical societies, mental health associations, hospitals and health care organizations to create a continuing medical education program on prevention, diagnosis, and treatment of mental illness within the primary care setting. This program will foster innovative methods for learning and communicating among providers to ensure continuity of care and a focus on behavioral wellness.

Community Health Care Coalition Network

Institute for Community Health at Virginia Tech

This Network has updated a 1995 listing of community health coalitions, advisory boards and councils. Listed groups are being surveyed to determine the current purpose and function of those entities in Virginia. Information gathered on the function of coalitions within the changing health care system will be used in creating guidelines, support materials, training recommendations and a Web-based locator map.

Community Health Advisors/Workers Network

Institute for Community Health at Virginia Tech

This project involves developing a statewide listing of both local and statewide Community Health Advisors programs (also known as Lay Health Advisors), as well as gathering individual program information. Research is underway to identify multiple methods of communicating and disseminating the resulting information. A bibliography, resource list, and a collection of curricula have been developed. The Network is developing a Web locator map and working to acquire additional program resources including trainers, training materials, curricula, etc.

Health Literacy Network

Southwest Area Health Education Center
Institute for Community Health at Virginia Tech

Products of this project will include a Web site for health literacy; a network for health communication materials and consultation and advice; and resource materials to address general health literacy topics, as well as specific health issues and needs, with diverse audiences. Health Literacy Network partners will sponsor health literacy conferences and training workshops as well.

Multicultural Health Network

Northern Virginia Area Health Education Center

The focus of this Network is strengthening the connections among health professionals involved with multicultural populations in Virginia to facilitate communication between these providers, the AHECs, and migrant and immigrant service organizations.

Recruitment & Retention Network

Blue Ridge Area Health Education Center

This project's key component is Primary Practice Opportunities (home.vmednet.gen.va.us/virginia1), an interactive Web site displaying practice opportunities for physicians, nurse practitioners and physician assistants. The site also links to local community and professional resources.

Rural Minority Health Network

Southside Area Health Education Center

The Rural Minority Health Web site will serve as a comprehensive resource for information on issues related to racial and ethnic minority health in the rural setting. This information will be directed toward both professionals and the general public.

Virginia Health Access News *and Virginia Health Access Network Web site*

Rappahannock Area Health Education Center

RAHEC is developing a statewide quarterly newsletter covering VHANetwork activities and results. A companion Web site will link to sites of Network partners as well as sites relevant to health work force and health access issues.

The VHANetwork welcomes new partners and new ideas.

MAKING CONNECTIONS: *New Web Site Offers Comprehensive Listing of Health Care Opportunities*

Until last spring, the only Recruitment and Retention effort on behalf of the Commonwealth's health care workforce was offered by VDH's Center for Primary Care and Rural Health. A partnership with the Area Health Education Centers Program made perfect sense; AHECs' connections with their local primary care providers made them the ideal partner with whom to expand a single resource into a multiple one.

The result can now be found on the Internet. Primary Care Opportunities, a new, interactive Web site, (home.vmednet.gen.va.us/virginia1), lists practice opportunities throughout Virginia for primary care physicians, nurse practitioners, and physician assistants. Providers can register practice opportunities, and interested prospects can post curricula vitae. The site also offers links to supporting Web sites and to sites about Virginia.

Primary Practice Opportunities is an expansion of work of the VDH's Center for Primary Care and Rural Health. It is a product of the Virginia Recruitment and Retention Network, a partnership among the Center, the Virginia Area Health Education Centers (AHEC) Program and the Virginia Center for the Advancement of Generalist Medicine. "It's a resource that helps people find positions AND maximizes the resources already in place," says Christopher Nye, Executive Director of the Blue Ridge AHEC. Nye, along with Project Coordinator Wendy Reidler, produced the Web site and its processes for sharing employment information. Darlene Swinson, the Center's Recruitment and Retention Specialist, works in tandem with BRAHEC. "It's a way of getting more information to more folks than ever before," adds Nye. "We're covering the entire state, using things the state has already invested in, and we're therefore able to do it economically."

Posted c.v.'s are forwarded to the AHECs that have contacts with local primary care providers. "This way, the information spreads by word of mouth — exponentially," says Nye.

The Commonwealth can use it. According to Division of Shortage Designations statistics, close to 800,000 Virginia constituents live in medically underserved areas, so designated because they fail to meet the federal baseline of 3500 people per physician. The American Academy of Family Physicians recommends 2500 to 1. Virginia is 62 physicians short of the federal baseline. While Primary Practice Opportunities emphasizes no geographic region over another, it will ensure that more professionals are able to explore employment in underserved areas.

All who are involved with this partnership have their sights set well beyond any baseline.

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Community Solutions

Regional Effort Mirrors VHANetwork Model

In Virginia's Northern Neck and vicinity, a new program seeks to draw together all sectors of a community and their various resources in support of a common vision. The Community Health Education and Development Program (CHED) is a collaborative effort for improving health care access, similar to the process that the Virginia Health Access Network is using statewide.

The program was kicked off in a community-wide planning retreat in November. Attendees represented a true cross-section of the area's population. "The community really embraced the idea," says Patricia Rodriguez of RAHEC, which is one of the program partners. "There have been multiple community efforts toward improving health access all along—that is not new. What is novel is that these community members, close to 60 of them, were all in one room. Until now, there has been no cohesive way of having the various entities [organizations, agencies, etc.] work together."

CHED's Program Abstract describes it as a collaborative effort to "enhance awareness of, access to, and efficient use of local health care services and promote sustained community participation in addressing health care needs..." in nine counties, no less. The program is based on a partnership among RAHEC, the Three Rivers Health District, the Rappahannock Area Health District, Mary Washington Hospital-Medicorp (MWH-Medicorp), and Riverside Tappahannock Hospital. Its intention is to improve health care access in medically underserved areas, thereby bolstering the respective communities' economies through the increased amount of health care dollars spent locally.

CHED will launch programs in three counties per year for the next three years, beginning with Caroline, Essex and Westmoreland in 2000. The four components of the program include Community Health Advisory Groups (CHAGs), Lay Health Educators (LHEs), Community Health Information Services (CHIS), and community health campaigns.

CHAGs are composed of a cross-section of community members committed to improving health care access. The groups will serve as forums for communication on health care issues and act as liaisons be the health care system and t. community. The first of these will become active in February 2000. LHEs are trained to serve as links between their neighborhoods and the health care system, to educate people about healthy lifestyles and disease prevention and to report issues raised by thos whom they serve. LHE train begins this March or April. CHIS will determine how best to collect and disseminate the information gathered throughout the initiative. Community health campaigns will target local priorities, beginning with diabetes, a pressing need in this area, and will be in place by late summer.

"There have been multiple community efforts toward improving health access all along—that is not new. What is novel is that these community members, close to 60 of them, were all in one room."

– Patricia Rodriguez, RAHEC

The target counties' need for the program itself is evident in the enthusiastic responses and commitments of support from various agencies in the area. For example, Geoffrey Coleman, MD, MHA of Westmoreland Medical Center, writes, "Except on a superficial level, the underserved at-risk population does not comprehend what

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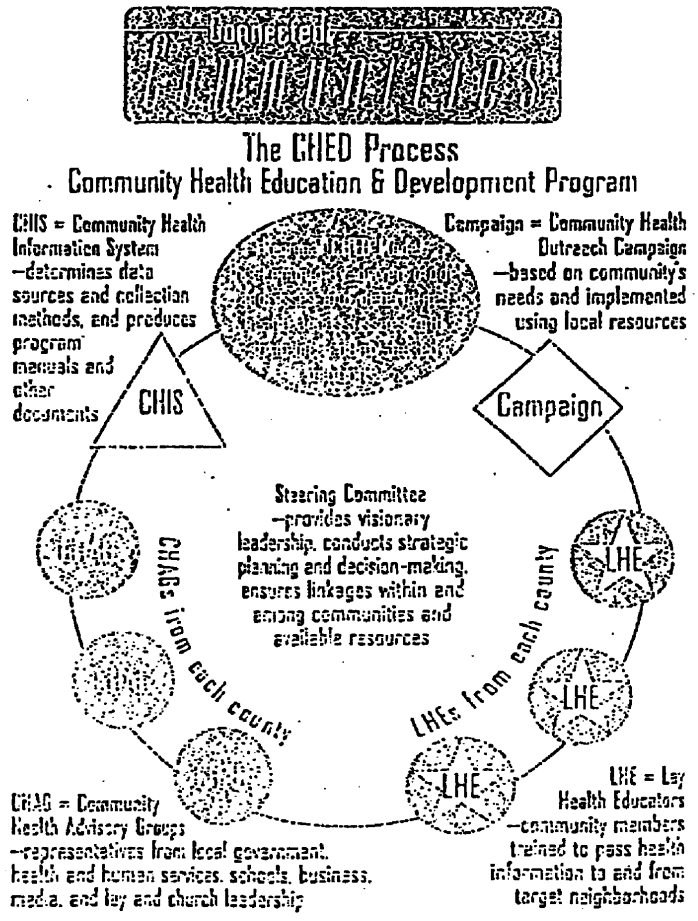

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health services exist, how they may utilize these services or where they may find access points. They experience overwhelming barriers to care, but do not readily know which service agencies have eliminated and/or reduced any of those barriers. Further, the at-risk population is in dire need of the very basic knowledge that our grandmothers knew—simple, effective home care. The target population, for example, has lost the ability to identify basic fever symptoms and has not learned to read a thermometer." Enter the LHEs.

It is easy to see how CHED can utilize the many resources made available by the Virginia Health Access Network. The Rural Minority Health Web site, for example, will offer participants a wealth of useful information, as the population in CHED's target counties is largely African-American. Both the Community Health Advisors and Community Health Coalitions projects, developed by the Institute for Community Health at Virginia Tech, have already provided invaluable information. In fact, their Program Coordinator, Sharon Dwyer, is on CHED's Steering Committee. All of the Virginia Health Access Network partners will have much to offer this endeavor.

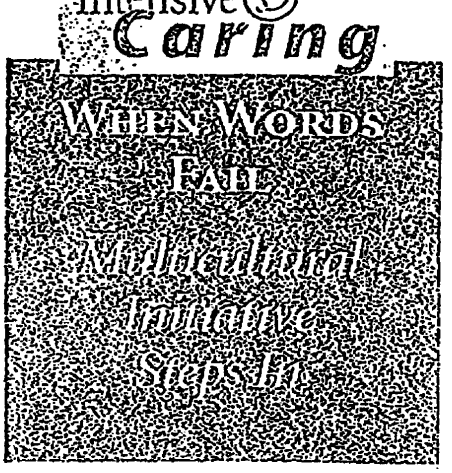
Though just beginning their project, CHED participants have much more than a foot in the door. They know their resources and where to find them.

What do cultural differences have to do with access to health care? An example:

A 23-year-old woman, with no formal education and very little English, had rheumatic heart disease. She failed to keep appointments and was noncompliant with her care, even when her sister, who had little more English than she, came along to interpret. The cardiologist wanted to give her a new heart valve, but not until her participation in her own care could be improved.

Then a trained interpreter began work in the clinic. The young woman now has a new valve in her heart.

When the Northern Virginia AHEC opened its doors, their initial needs assessment showed that cross-cultural education and health care interpreters were the most immediate needs in that area. Much of NVAHEC's work since then has had this multicultural focus, which made them the ideal Network partner to handle the Multicultural Health aspect of health care access around the Commonwealth. "This is not just a Northern Virginia issue," says Lyn Hainge, Executive Director of the Northern Virginia AHEC. She cites the Blue Ridge AHEC's extensive program on behalf of Spanish-speaking migrant workers in that area, the growing Southeast Asian population around Roanoke, the increasingly multicultural mix around Charlottesville, and the growing numbers of Spanish-speaking people around Norfolk. "This is an opportunity for *all* of Virginia," she says.



Northern Virginia AHEC's initial needs assessment showed that, in that particular part of the state, cross-cultural education and health care interpreters were the most immediate needs.

"This is not just a Northern Virginia issue.... This is an opportunity for all."

– Lyn Hainge, NVAHEC

To make the best use of this opportunity, the Multicultural Health Network is expanding the work started last year by Dawn Bishop (VDH, Office of Family Health Services) and Virginia's Multicultural Health Task Force. Cultural competence education is an active part of the initiative and is offered to providers through continuing education sessions (about 700 providers from around the state have attended) and/or agency-specific consultation. The initiative will also provide opportunities for interested parties to meet and share lessons learned and models found to be effective. The first of these opportunities will be a conference, "Building Partnerships to Reach Diverse Populations," on May 9 and 10 at George Mason University (College of Nursing and Health Science).

A new Web site will offer professionals easy access to each other as well as to basic information about cultural competency issues. The site, says Hainge, will "link to a national network of folks who do this kind of thing," such as Diversity Rx and the National Council on Health Care Interpretation, who works on national standards for competency in the field. The hope is to highlight the need for cultural literacy to become a core competency in medical training.

Another goal is to develop a listserve with the site, so that people with similar access issues might be able to use each other as resources, as in, "Hey, do you know of anybody who speaks Twi?" This naturally results in community involvement in helping one another's neighbors.

"How might we empower our multicultural neighbors?" asks Hainge. "First, find the groups in the community already doing this work." The task is well in hand.

Continues from page 1

the Commonwealth. NVAHEC's Network focuses on serving the health and human service needs of Virginia's multi-cultural populations (see page 3). The SAHEC Network focuses on rural minority health issues. SWAHEC is developing a continuing education program on behavioral and mental health and the primary care provider. SWAHEC is also working with ICH at VT to create a Health Literacy Network. RAHEC is responsible for disseminating information about the Health Access Network and, besides publishing this newsletter, is developing a companion Web site that will gather together the Web presences of Network partners and offer a wealth of links to other resources, as well.

The Network, by virtue of its cooperative nature, optimizes the Commonwealth's investments. It reduces multiplication of programs by bringing like-minded organizations together, reinforcing their solutions to access problems.

"By going statewide, we're informing people of numerous resources that they were unaware of, not just regionally, but across the state," says Ken Studer, Rural Health Specialist at the Center.

"We're trying to get everyone to understand the health care system and to optimally use the programs available," says Bunny Caro-Justin, Program Coordinator at the Center. "We've been learning that there's a big gap between the patient and the health care provider. Too often, people run straight to the emergency room."

The Virginia Health Access Network, by virtue of its cooperative nature, optimizes the Commonwealth's investments. It reduces multiplication of programs by bringing like-minded organizations together reinforcing their solutions access problems. "We all ha. the same vision, and we can accomplish more together," says Caro-Justin.

The basic question underpinning the Virginia Health Access Network is simple: How can we, in both the public and private sector, improve the health and quality of life of those who can use what we have to offer?

The answer, this "Network of networks," is well underway.

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THE CENTER FOR PRIMARY CARE AND RURAL HEALTH

THE VIRGINIA HEALTH ACCESS NETWORK: MISSION AND MANDATE

The Virginia General Assembly recently gave The Virginia Department of Health a mandate that represents a significant milestone for the Center for Primary Care and Rural Health. Following several years of study by the Joint Commission on Health Care, legislation was adopted in the 2000 session that codifies the responsibilities of the Center for recruitment and retention of providers to underserved areas, for administration of the scholarship and loan repayment programs, and for designation of Health Professional Shortage Areas. Additionally, the legislation requires an annual report to the General Assembly and the Governor on these activities, as well as the formation of a Health Workforce Advisory Committee representing the Area Health Education Centers (AHECs), the Virginia Primary Care Association, Virginia's Academic Health Centers, the Free Clinics, the Virginia Health Care Foundation, health care providers, students and others.

Senate Bill 489 and its companion bill, House Bill 1076, passed the General Assembly without a dissenting vote. This legislation is important because it implicitly recognizes that the Center for Primary Care and Rural Health is responsible for coordinating the efforts to address health access issues in the Commonwealth. And by delineating the members of the advisory committee, the legislation also acknowledges the important role of those who have been working in partnership with the Center to ensure access to care.

Reasoning that we could accomplish more in concert and collaboration, the Center, the Institute for Community Health at Virginia Tech (ICH at VT), and the AHECs created the VHANetwork with a mission to analyze and improve access to health care and services. From there, we aimed for specific objectives, and this newsletter is one of them.

The legislation focuses on some very important strategies to improve access to care in underserved areas. However, the issue of access is broader and more complex than health workforce shortages. There are significant barriers to access that additional manpower will not remove. Economic barriers are an obvious and ongoing problem, and the booming economy has not resulted in fewer numbers of uninsured Virginians. Cultural and language barriers can have a big impact on when or if health care services are sought. A single practitioner joining a medically-underserved community can promote appropriate use of the emergency room and prevent unnecessary hospital admissions.

A significant outcome of the Robert Wood Johnson Practice Sights Initiative was the collaboration of so many in the Commonwealth who have been working to under-

Continues on page 2

Contents

Continues from page 1

Center's Mission

stand and improve access to health care: the Joint Commission on Health Care; the Virginia Health Care Foundation; VCU/MCV, the UVA School of Medicine and Eastern Virginia Medical School; the Center; and the AHECs. The collaboration also resulted in a broader focus on access brought about by the realization that insufficient numbers of practitioners wasn't the only problem in need of a solution.

The Practice Sights grant engendered a collaborative framework that outlasted the grant requirements and fostered a continuing focus on access to care with a different perspective: Not only were innovative solutions to the access problem required; also needed was a new way of defining the problem.

A significant outcome... was the collaboration of so many in the Commonwealth who have been working to understand and improve access to health care: the Joint Commission on Health Care; the Virginia Health Care Foundation; the Medical College of Virginia, and the UVA and EV Medical Schools; the Center; and the AHECs.

The Virginia Health Access Network evolved as a strategy with a great deal of promise. Funded by the Center, the VHANetwork represents the creation of a multidimensional approach to health access in the Commonwealth. The idea was to develop a network of experts on health access and tap the best resources available to identify and address specific health access issues. Reasoning that we could accomplish more in concert and collaboration, the Center, the Institute for Community Health at Virginia Tech (ICH at VT), and the AHECs created the VHANetwork with a mission to analyze and improve access to health care and services. From there, we aimed for specific objectives, and this newsletter is one of them. We are still in a of evolution but are committed to the objectives articulated so far to address our mission.

The legislative mandate in SB 489/HB 1076 is an important step in validating the integrity of the Center's mission. Through the VHANetwork, we are tapping the potential and the power of a collaboration of health access experts. It is hoped that the subsequent editions of the *Virginia Health Access News* will demonstrate how our mission is being fulfilled.

—Contributed by Margot Fritts, Acting Director of CPCRH

The Center's ongoing initiatives include the following:

—The Virginia Health Access Network is currently working on eight projects, each focusing on various aspects of health access. For detailed descriptions and contact information, see insert.

—The Center's work toward designation of certain small hospitals as Critical Access Hospitals is one of the Commonwealth's strategies for keeping these hospitals viable. See page 6.

—Previously published in 1996, the Primary Care Sentinel Events in Virginia report indicated that the presence of a high degree of sentinel events is symptomatic of problems in the primary care delivery system. "Sentinel events" here refers to hospital admissions for ambulatory sensitive conditions that should be managed successfully with outpatient treatment. The Center, with the Williamson Institute, continues to research and analyze ambulatory sensitive hospital admissions found in the most recent hospital discharge data. The study will provide current health outcome information regarding access to health care.

—The Center is working on a study on the status of telemedicine initiatives by agencies of the Commonwealth. The purposes of this study are to summarize the telemedicine initiatives underway, to analyze the cost-effectiveness and medical efficacy of health services provided, and to identify additional opportunities for use of telemedicine to improve access to health care for citizens of the Commonwealth.

—The Center is assisting the Virginia Pharmacists Association and the Virginia Institute for Pharmaceutical Care in developing a model for monitoring of diabetics by pharmacists. In a three-day workshop held in conjunction with the Institute and the MCV School of Pharmacy, pharmacists received training in diabetes monitoring. The Center is working on a pilot project in the southwest area of the Commonwealth, where incidence of preventable hospitalizations from diabetes is high.

Intensive Caring

The Promotoras de Salud Lay Health Promoters at Work

Beth Rodgers, Project Director for the Promotoras de Salud, or Lay Health Promoters, is full of stories about the women who have completed the curriculum offered through her program. "Because one of the Promotoras took a neighbor to the free clinic, her high, high blood pressure was discovered in time. Now she understands the need to have it checked regularly." Another: "There's one lady who doesn't have a car, and she has no English. But her neighbors come to her when their kids have temperatures, or when they need their blood pressure checked. She stays pretty busy with people knocking on her door."

Last November marked the graduation of the second class of Promotoras. The program is modeled after Richmond's Crossover program for African-American women and offered under the auspices of the Blue Ridge Area Health Education Center (BRAHEC). The 10-session course, specifically adapted for Hispanic women, covers a curriculum of basic health education with a two-fold purpose—that the students would use their new knowledge for their own and their families' benefit, and that they would spread it in their community. The need is significant; because the four nearby poultry plants' labor force is 50% or more immigrants, the Hispanic community around Harrisonburg numbers around 3,000. The program is funded mostly by these poultry companies (along with BRAHEC), which include Rocco, Tyson, Perdue and WLR.

Typical candidates are ages 30 to 34; are involved in a local church; represent different Hispanic regions including Central America, South America, Mexico and Cuba; have families; and work part- or full-time. Some have graduated from high school, and some have attended college (the Promotoras program requires that they have at least a 6th grade education). Rodgers says, "They're really looking to improve their lives."

Early in the course, which is offered Saturdays from 9:30 a.m. – 2 p.m. (child care is provided), students begin learning how to access local health care services and are provided with a guide to places to go for particular needs. They discuss the barriers particular to the Hispanic population—language, of course, is one. Difficulty understanding how the American health care system works is also significant; "People just tend to go straight to the ER, because in their countries, that's what they do," Rodgers explains. They learn about filling out forms, working with partners in class to equip themselves to help neighbors do the same.

There is also emphasis on the things that affect Hispanics the most, which include alcoholism, depression, arthritis, breast cancer, diabetes, heart disease, HIV, liver disease and STDs. They learn how to take blood pressures and measure temperatures. There is great interest in women's issues including birth control, pregnancy and menopause. Domestic violence is discussed, as is the need for children's immunizations.

The 10-session course, specifically adapted for Hispanic women, covers a curriculum of basic health education with a two-fold purpose—that the students would use their new knowledge for their own and their families' benefit, and that they would spread it in their community.

To complete the course, the women must make 100 contacts in their communities, which they track with a form on which they indicate whether the nature of the contact was for health education or a referral. This has also turned out to be another way of locating potential students for the course, which has a waiting list for the spring session and prospects already interviewing for the September class.

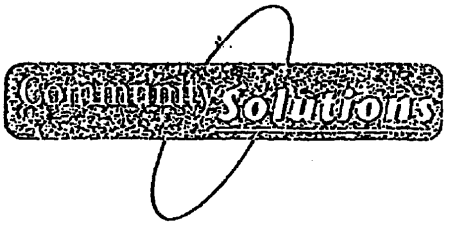
Not only does the program lead to the spread of information and, often, generous hands-on help in the community; there are also plenty of opportunities for the students to give back to the program. One graduate, Maria Tánori, now works part time as the Health Education Coordinator on the Promotoras team, facilitating and teaching, and following up with the women—helping with trouble spots, even going on visits. Fernanda Carbajal, a graduate of the first class, presented a breast self-examination lecture to both the second and the current group. "We encourage students to specialize," says Rodgers.

Carbajal now works as a breastfeeding counselor for the local Health Department and regularly offers lectures on breast self-examination and other preventive measures in local churches. She is also on the lookout for newcomers to the area. "New families don't know where they have to go for health things," she says. She has helped line up several with pediatricians, Medicaid and the WIC program. "My goal is to tell all the people that our health is important," she says. "If we have our health, we can do anything."

Recruitment and Retention of Health Care Providers: Virginia Boasts Collaborative Effort

Virginia's initiative for the recruitment and retention of health care providers, particularly for underserved areas, has grown in scope in response to the urgency of the need and the complexity of the issue. This complexity lies in the fact that the most effective recruitment efforts also focus on retention. Successful retention is rooted in matching the right candidate with the right practice site during recruitment, and it continues through regular communication with new recruits to determine whether or not professional and personal expectations and goals are being met. The Virginia Health Access Network's Recruitment and Retention Project, which has already placed 25 providers in the first quarter of 2000, is meeting this challenge. Partners in the multifaceted project are the Blue Ridge Area Health Education Center (BRAHEC), and the Center for Primary Care and Rural Health at the Virginia Department of Health (the Center).

The continuing development of VHANetwork's recruiting tool, the Web site Primary Practice Opportunities (home.vmednet.gen.va.us/virginia1/), is helping more health care providers explore new opportunities in Virginia.



The site thus far has listed mostly primary care positions but is also opening up for other specialties, including Anesthesiology, Cardiology, Dentistry, ENT, General Surgery, Geriatrics, Hospitalists, Neurology, and Psychiatry. "There are a lot of medical needs in the state and we would like to do our best to fill as many of them as possible," says BRAHEC's Wendy Reidler, Primary Practice Opportunities Project Coordinator.

Communities have ample opportunity to show their pride and unity of purpose in recruiting health care providers. Community leaders and local health care providers should demonstrate their understanding of the needs of newcomers to the local medical community.

"Communities in Virginia are really making an investment in the recruitment process..."

The site currently lists 70 open positions and has 31 active curriculum vitaes posted. When Reidler receives a c.v., it is forwarded to Darlene Swinson, the Recruitment and Retention Specialist at the Center, and also to the AHECs in the geographic preferences noted by candidates. Swinson immediately contacts candidates to learn more about them and then forwards their c.v.'s to any suitable opening in their geographic specification or the position number the candidate has specifically requested. This exchange takes place through the Center so that the Project can track candidates to see who is hired, when, and by whom.

One of the most important things the Center takes into account in its efforts is the importance of the interviewing and visiting stages of the recruiting process. The idea is to help ensure that candidates' expectations are met; the opportunity to fully explore the practice site, the community in its entirety, is integral. Swinson, says, "You have to be sensitive and have empathy with the person you're dealing with .... [At the Center,] we try very hard to match people with practice sites that will meet their needs," including familial, cultural and lifestyle needs. The Center also arranges for candidates to actually spend time working in their prospective placements, "... even just for an hour. Some situations work out, and some people realize that 'this isn't the place for me.' It's better to lose the candidate in the beginning than to lose that candidate halfway through the year."

Communities themselves can also play active parts in the process, especially by promoting themselves, Reidler suggests. People tend to underestimate the amenities of small

Continues on page 5

Geographic Breakdown of Positions Posted on Primary Care Opportunities Web Site

Richmond	1
Northern Virginia	3
Southside Virginia	3
Eastern Virginia	6
Blue Ridge Mountains	13
South-Central Virginia	14
Southwestern Virginia	27

VHA NetWORKS

The Current Projects

The Virginia Department of Health Center for Primary Care and Rural Health has provided funding and collaborative support for all of the following programs:

Behavioral/Mental Health and Primary Care Network

Southwest Area Health Education Center

Southwest Virginia AHEC and VDH will collaborate with community service boards, physicians and medical societies, mental health associations, hospitals and health care organizations to create a continuing medical education program on prevention, diagnosis, and treatment of mental illness within the primary care setting. This program will foster innovative methods for learning and communicating among providers to ensure continuity of care and a focus on behavioral wellness.

Community Health Care Coalition Network

Institute for Community Health at Virginia Tech

This Network has updated a 1995 listing of community health coalitions, advisory boards and councils. Listed groups are being surveyed to determine the current purpose and function of those entities in Virginia. Information gathered on the function of coalitions within the changing health care system will be used in creating guidelines, support materials, training recommendations and a Web-based locator map. (See side B, this insert.)

Community Health Advisors/Workers Network

Institute for Community Health at Virginia Tech

This project involves developing a statewide listing of both local and statewide Community Health Advisors programs (also known as Lay Health Advisors), as well as gathering individual program information. Research is underway to identify multiple methods of communicating and disseminating the resulting information. A bibliography, resource list, and a collection of curricula have been developed. The Network is developing a Web locator map and working to acquire additional program resources including trainers, training materials, curricula, etc. (See side B, this insert.)

Health Literacy Network

Southwest Area Health Education Center

Institute for Community Health at Virginia Tech

Products of this project will include a Web site for health literacy; a network for health communication materials and consultation and advice; and resource materials to address general health literacy topics, as well as specific health issues and needs, with diverse audiences. Health Literacy Network partners will sponsor health literacy conferences and training workshops as well.

Multicultural Health Network

Northern Virginia Area Health Education Center

The focus of this Network is strengthening the connections among health professionals involved with multicultural populations in Virginia to facilitate communication between these providers, the AHECs, and migrant and immigrant service organizations. (See Conference, page 8.)

Recruitment & Retention Network

Blue Ridge Area Health Education Center

This project's key component is Primary Practice Opportunities (home.vmednet.gen.va.us/virginia1), an interactive Web site displaying practice opportunities for physicians, nurse practitioners and physician assistants. The site also links to local community and professional resources. (See Page 4.)

Rural Minority Health Network

Southside Area Health Education Center

The Rural Minority Health Web site will serve as a comprehensive resource for information on issues related to racial and ethnic minority health in the rural setting. This information will be directed toward both professionals and the general public.

Virginia Health Access News *and Virginia Health Access Network Web site*

Rappahannock Area Health Education Center

RAHEC has developed this statewide quarterly newsletter covering VHANetwork activities and results. A companion Web site will link to sites of Network partners as well as sites relevant to health work force and health access issues.

The VHANetwork welcomes new partners and new ideas.

To our Stakeholders:

The *VHANews* strives to inform and educate about the barriers to health access, to provide useful information about the solutions for addressing these barriers, and to motivate stakeholders toward informed use of the current resources and collaborations that improve health access in the Commonwealth.

Stakeholders include health and human service providers and educators, interested consumers, legislators and funding sources—the key people across the Commonwealth who are involved with health care access concerns. We welcome your input. Please contact us with questions, concerns or ideas at patricia@rahec.net.

Thanks for *your* good work!

—The *VHANews* staff

Virginia Tech's Institute for Community Health has Interactive Directories Up and Running

The Institute for Community Health, a public outreach program at Virginia Tech (ICH at VT) has compiled two interactive directories, one listing community health coalitions and community-based advisory boards in the Commonwealth, and the other listing Community Health Advisor/Worker programs.

In initiatives related to health and quality of life, working with coalitions, advisory boards or councils is increasingly seen as an effective strategy for obtaining broad-based involvement of communities and/or multiple agencies. ICH at VT compiled a directory listing Virginia's community health coalitions and community-based advisory boards in order to help make these resources available to a more widespread audience. Designed to provide leaders, community groups, and citizens access to up-to-date information on local and regional coalitions, the directory also includes an interactive map of Virginia, in which visitors can click on a region and link to a list of coalitions within a given health district.

Community Health Advisor/Worker programs function within community networks to assist other community members to identify, locate and gain access to health resources. The directory listing these programs around Virginia is designed to provide citizens, individuals working with health issues in communities, health providers, community organizations, and leaders access to up-to-date information on local and regional Community Health Advisor programs and resources. The Community Health Advisor/Worker directory contains an interactive map similar to that in the Coalitions directory.

The hope behind both directories is that the information they contain will be used to promote collaborative approaches to addressing local health issues. Both are funded by the Center for Primary C and Rural Health at the Vir ginia Department of Health.

VHAN Contact Information

as of April 2000

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Directories on-line

Community Health Coalitions in Virginia/ Interactive Directory

www.chre.vt.edu/ICH/coalitions.htm

Community Health Advisors /Workers in Virginia/ Interactive Directory

www.chre.vt.edu/ICH/communityhealthadvisors.htm

Please contact ICH at VT if you know of other community health coalitions, advisory boards, or community health advisor/worker programs missing from their respective lists; if you have any problems accessing the information; or if you have suggestions for additional information you would like to see.

Phone: (540) 231-2451 or 2452
e-mail: ich@vt.edu

Continues from page 4

Collaborative Effort

communities. Reidler says, "They think places like southwest Virginia are just too rural. But they're not—there is abundance in southwestern Virginia, where the need is greatest." Showing prospective practitioners the value of living in these areas is an opportunity for communities themselves to aid in recruitment and retention of health care providers. (See Geographic Breakdown Box, page 4.)

Communities have ample opportunity to show their pride and unity of purpose in recruiting health care providers. Community leaders and local health care providers should demonstrate their understanding of the needs of newcomers to the local medical community. The Center lends aid in this area by determining in advance whether facilities offer equipment, staff and an environment that support the practice of high quality care; whether financial resources are adequate to provide competitive compensation; and whether Continuing Medical Education (CME) opportunities are easily accessible and adequately reimbursed.

"Communities in Virginia are really making an investment in the recruitment process," Swinson observes, citing the example of Emporia, Va., where an entire team was built around hosting a potential candidate's visit. A newspaper announcement invited the whole community to meet him. The Center supports this kind of effort by referring the recruiting communities to other communities who have made successful matches and can share the wisdom gleaned from their own experiences. "The communities are coaching each other," says Swinson. The Center is working toward building community involvement of this kind, partnering with the regional Area Health Education Centers (AHECs), who are very familiar with local current needs.

The Virginia Health Access Network's Recruitment and Retention Project ...has already placed 25 providers in the first quarter of 2000.... Partners in the multifaceted project are the Blue Ridge Area Health Education Center (BRAHEC), and the Center for Primary Care and Rural Health at the Virginia Department of Health (the Center).

Swinson points out that incoming practitioners also have some responsibility in making themselves at home in a new community. She describes one doctor who moved into an underserved area, "this really humble, quiet man, who started going into the local churches and saying, 'I'm here.'" Some physicians who have settled into underserved areas have even strengthened their area's medical communities by encouraging former colleagues or classmates to move there. The Center assists this kind of effort whenever possible.

Another aspect of the Center's recruitment and retention effort is its work with the state's medical schools and the Virginia Academy of Family Practitioners to identify potential providers—every medical school graduate receives a letter delineating the Center's services.

Local hospital recruiters and private practices are also important in making appropriate matches between providers and communities. With so many participants in the process, much teamwork is involved.

The Center also works closely with the Virginia Health Care Foundation (VHCF), which administers the Healthy Communities Loan Fund. This program offers low-interest loans to providers who want to start a practice or expand an existing practice in a health professional shortage area. This is an important way to retain physicians in the Commonwealth.

Swinson stresses that, while Virginia certainly has a vision toward improving the availability of practitioners in its underserved areas, "we recognize that not everyone wants to go to underserved areas." Virginia has something for everyone. The business of getting that message across involves many players and must be understood, from the first, as an ongoing process. The VHANetwork Recruitment and Retention project continues to search out Virginia's resources to help meet Virginia's needs.

Web address for Primary Practice Opportunities: (home.vmednet.gen.va.us/virginia1/)

PRIMARY practice opportunities

Connected Communities

The Advent of Critical Access Hospitals in Virginia

One of the legislative initiatives to come out of the 2000 session of the General Assembly is a program that allows some of Virginia's small rural hospitals to redefine themselves as Critical Access Hospitals, more appropriate to the needs of the limited areas they serve.

Congress' passing of the Balanced Budget Act of 1997 meant the cutting of $115 billion of Medicare spending over five years. Many hospitals and health systems around the nation began to trim or even shut down services, "not just for the elderly who rely on Medicare, but for all patients," says the American Hospital Association's Balanced Budget Act Impact statement. Because the elderly are the fastest growing population in Virginia's rural areas, small rural hospitals are particularly at risk for bankruptcy and even closure. The risk is compounded by the fact that a significant percentage of the rural population in general is either uninsured or insured by Medicare or Medicaid.

Enter the Medicare Rural Hospital Flexibility Program, intended to assist eligible rural hospitals in this dire situation to become "critical access hospitals" (CAHs), which are eligible for cost-based reimbursement for Medicare services provided. Virginia Senate Bill 665, sponsored by Senator W. Roscoe Reynolds, removes the regulatory obstacles to implementing the program and passed both the Senate and the House in the last session.

Before this program can be implemented, however, the State Health Commissioner must submit a state rural health plan to the Health Care Financing Administration for its approval. The Virginia Department of Health has applied for and received federal grants to write the plan and implement the program. The group convened by VDH to work on this plan includes representatives from the Virginia Rural Health Association, the Virginia Hospital and Healthcare Association, and the Medical Society of Virginia. In March, committee members attended the National Organizations of State Offices of Rural Health/FLEX Southeastern Regional Conference, sponsored by the Health Resource Service Administration. The conference provided the members an opportunity to acquire information and support for the development and implementation of CAHs in Virginia.

Dr. David Cockley, President of the Virginia Rural Health Association, is hopeful about the capacity of the CAH designation to keep a certain category of Virginia's small, rural hospitals up and running, albeit in a more streamlined form, as primary care facilities. "It's a reasonable option for hospitals with less than 50 beds, with a daily census of 30 or less," he says. The unused beds amount to an over-supply that these small facilities must maintain, which can quickly tap out already strained resources. A preliminary review of Virginia hospitals shows 12 to 14 hospitals in this situation with the potential to be CAHs. These facilities are clustered in the western, southwestern and south-central regions of the Commonwealth, primarily rural areas with the lowest population densities.

The CAH program represents a refinement of the Essential Access Community Hospital /Rural Primary Care Hospital (EACH/PCH) program, a pilot program created by Congress in 1989 and implemented in a few states. EACHs are hospitals with 75 beds or more that provide, through a patient referral network, backup for PCHs Facilities so designated rec cost-based reimbursement.

Cockley points out that the pilot sites in West Virginia "are still there, both have new facilities and both are doing pretty well as primary care facilities." The CAH designation, he says, "can be a good thing. It gives small rural hospitals one more option they haven't had."

Criteria for designation as a CAH include:

1. *The hospital must be located more than 35 miles from another hospital, or 15 miles if it is located in "mountainous terrain" (undefined). This is the only criterion that is flexible. A state may waive the distance criterion only if the state hr certified the hospital c "necessary provider."*
2. *The hospital can have no more than 15 beds; up to 25 beds are allowed if 10 of them are swing beds.*
3. *The hospital must have a partnership with another hospital for referrals and administrative requirements, such as credentialing and quality assurance and improvement.*
4. *There must be 24-hour emergency services available.*
5. *The length of stay can not exceed 96 hours per admission on average throughout the year.*

(See Internet Resources listed on next page.)

AG-MED: The Rural Practitioner's Guide to Agromedicine Now Available for Virginia Health Professionals

Very little formal training or practical information on the diagnosis and treatment of agriculture-related illness and injury is available to general practitioners. *AG-MED: The Rural Practitioner's Guide to Agromedicine* was created to help address this need. The publication is an easy-to-use guide that covers a broad range of topics—from the exotic 'animal-to-man' and soil-borne diseases to more commonplace ailments, such as fevers related to toxic organic dust syndrome. It provides just the facts that clinicians need to act quickly to help a patient. Family physicians, general internists, physician assistants and nurse practitioners, rural hospitals, and emergency room personnel should all find this guide useful.

The *AG-MED Guide* was originally produced by the American Academy of Family Physicians in 1997, written by Stanley H. Schuman, MD, Dr. PH and William M. Simpson, Jr., MD. The Virginia Department of Health, Center for Primary Care and Rural Health is spear-heading an effort, endorsed by 32 organizations across the Commonwealth, to raise awareness about this important topic for Virginia clinicians. A special printing of the *AG-MED Guide* has been arranged to further this effort as well as provide an inexpensive, excellent resource. Funding for this project was provided by the Virginia Department of Health.

Copies are available for $12.00 from the Institute for Community Health at Virginia Tech. Checks should be made out to the Virginia Rural Health Association and mailed to the Institute for Community Health at Virginia Tech, Room 232 Wallace Hall - 0426, Blacksburg, VA 24061. Requests are limited to a single copy. Questions should be directed to Terri March at 540/231-2452 or email us at ich@vt.edu.

—Contributed by T. March

Internet Resources about Critical Access Hospitals

The entire Balanced Budget Act of 1997 (all 218 pages!): www.house.gov/ways_means/bbaprov.PDF

Minnesota's excellent Web site on CAHs: www.health.state.mn.us/divs/chs/rhpc/cah/index.html

Rural Hospitals Information Resources: www.nal.usda.gov/ric/richs/hospital.htm

Social Security Administration: www.ssa.gov/OP_Home/ssact/title18/1820.htm

American Hospital Association on the Balanced Budget Act: www.aha.org/bba/

American Hospital Association, Small and Rural Hospitals Section: www.aha.org/membersen/cah.html

VHA News Calendar

Cancer Pain Management Conference: Maximizing Pain Control in Your Patients with Cancer

Jointly sponsored by the Office of Continuing Medical Education of the University of Virginia School of Medicine, Southside Area Health Education Center, Virginia Cancer Pain Initiative, Southside Community Hospital, Community Memorial Health Center and Greenville Memorial Hospital

This conference is for MDs, RNs and allied health professionals. Its objective is to help health care providers learn how to break down the barriers to cancer pain management in Southside Virginia. AMA Category 1 credits and CEUs will be provided to participants. The Virginia Nurses Association has approved 3.3 hours, and the Virginia Council on Pharmaceutical Education has approved 2.5 contact hours of credit.

May 25, 2000, 5:30 – 9:15 p.m.

Broadcast Location: Longwood College, Hiner 213—Farmville

Viewing Sites: Brunswick Senior High School, Park View High School in South Hill, and Greenville High School in Emporia.

$25 registration must be postmarked by April 28, 2000. Waived for students and residents. For further information contact Katrina Freeland at (804) 395-2861, or e-mail kfreelan@longwood.lwc.edu.

The National Rural Health Association's 23rd Annual Conference NRHA 2K: *A bonne santé!* (To good health)

May 24–26, 2000

Hyatt Regency Hotel, New Orleans, Louisiana

Keynote Speaker: Susan Dentzer, health correspondent with The NewsHour on PBS

Terry B. Reilly Memorial Lecture: Marilyn Gaston, M.D., assistant surgeon general in the Public Health Service and associate administrator of the Bureau of Primary Health Care

www.nrharural.org

First Canadian Conference on Literacy and Health: Charting the Course for Literacy and Health

May 28–30, 2000 in Ottawa, Ontario

(613) 725-3769

www.nlhp.cpha.ca

From the Grantsmanship Center:

• Grant Proposal Writing Workshop

May 31–June 2, 2000

Morgan State University in Baltimore, MD

• Grantsmanship Training

June 26–30,2000

St. Marks Foundation, Charlotte, NC

August 21–25, 2000

Williamsburg Regional Library, Williamsburg, VA

January 29–February 2, 2001

United Way Services, Richmond, VA

The Grantsmanship Center at www.tgci.com

Access to Health Care for African-Americans in Virginia: A Minority Health Forum

June 21–23

Sponsored by the Virginia Office of Minority Health

As a response to the documented disparity in health status between Virginia's African-American and white populations, this forum will address issues of access to health care for African-Americans.

Norfolk State University L. Douglas Wilder Performing Arts Center, 700 Park Avenue, Norfolk, VA 23510

Contact: Carrie L. Baskett, VDH, Office of Minority Health, PO Box 2448, Richmond Va. 23218

Phone: (804) 786-3561

May 9-10 Conference Interest High: "Building Partnerships to Reach Diverse Populations"

Northern Virginia AHEC invites you to join several hundred health care, human service and community leaders at Building Partnerships, the first regional conference promoting cultural and linguistic resource networks for Reaching Diverse Populations. This conference brings together national authorities in the fields of cultural competence, organizational development, quality assurance and risk management with local experts of interpreter services, community outreach, workforce diversity and community leadership. The dialog-based forum offers participants a unique opportunity to collaborate with mainstream and minority partners in the dynamic process of building a culturally sensitive, high-quality and cost-effective health and human service system for our region.

Registration: Register for both days, or one day only. Ask about special student and group rates; limited scholarships are available for Northern Virginia or DC bicultural/bilingual community health workers, case managers or interpreters. Registration closes May 1, 2000. Contact: 202-332-5185.

Learning Objectives:

- *Explore strategies for building partnerships to reach diver populations.*
- *Identify the business imperatives for developing cultural and linguistic competence.*
- *List and discuss standards for culturally and linguistically appropriate services.*
- *Explain the interdependence of cultural competence, quality assurance and risk management.*
- *Utilize Polarity Management techniques to create partnerships.*
- *Describe and begin the process of becoming culturally competent.*
- *Expand knowledge and skills in one of the following:*

  developing organizational cultural competence,
  providing language access,
  reaching vulnerable communities,
  developing and training a diverse workforce,
  promoting community leadership, and
  building regional learning networks.
- *Apply understanding of culture, community and health practices of one of the following populations:*

  Central American, Southeast Asian, Middle Eastern, East African, West African, or African-American.

Return Service Requested

Rappahannock Area Health
Education Center
P.O. Box 9
Montross, VA 22520

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ORGANIZATION
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MONTROSS, VA
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APPENDIX B

Building Partnerships to Reach Diverse Populations
Conference Brochure

A copy of this brochure may be obtained by calling the Center for Primary Care and Rural Health in the Virginia Department of Health
804 786-4891

APPENDIX C

Medically Underserved Areas in the Commonwealth

Center for Primary Care and Rural Health

1500 East Main Street Suite 227 Richmond, Virginia 23219
(804) 786-4891 FAX (804) 371-0116

August 28, 2000

TO: Interested Parties

FROM: B. A. Caro-Justin

RE: Updated List of Health Professional Shortage and Medically Underserved Areas

The list of Health Professional Shortage (HPSA) and Medically Underserved Areas has been updated. In reference to the enclosed list, please note that VMUAs remain the same.

ou have any questions, feel free to call me at 804.786.4891 or email me at bcaro-justin@vdh.state.va.us.

Attachment

VDH VIRGINIA DEPARTMENT OF HEALTH

08/27/2000

Medically Underserved and Health Professional Shortage Areas in Virginia

State and Federal Medically Underserved Areas and Health Professional Shortage Area Designations for the State of Virginia by County and City

VMUA - Virginia Medically Underserved Area (state designation)

The following criteria are used to designate a VMUA - (1) primary care physician to population ratio, (2) percent of population with income at or below 100% of the federal poverty level, (3) percent of population 65 years of age or older, (4) five-year average infant mortality rate, and (5) the most recent annual civilian unemployment rate. Data for these areas is updated periodically. *(Applicable Programs: Virginia Medical Scholarship and Nurse Practitioner/Nurse Midwife Scholarship Programs)*

HPSA - Health Professional Shortage Area (federal designation)

The federal HPSA criteria require three basic determinations for a geographic area request: (1) the geographic area involved must be rational for the delivery of health services, (2) a specified physician-to-population ratio representing shortage must be exceeded within the area (usually 1:3,500), and (3) resources in contiguous areas must be shown to be over utilized, excessively distant, or otherwise inaccessible. Federal law requires an annual update of the HPSA list. Generally, data for each area is required to be updated three years from the last date of designation. *(Applicable Programs: National Health Service Corps and National Health Service Corps-Virginia Loan Repayment Programs, J-1 Visa Waiver Program [ARC Appalachian Region and State 20], Rural Health Clinic Certification, Virginia Medical Scholarship and Nurse Practitioner/Nurse Midwife Scholarship Programs)*

MUA - Medically Underserved Area (federal designation)

The following criteria are used to designate a federal MUA - (1) primary care physician to population ratio, (2) percent of population with incomes below 100% of the federal poverty level, (3) percent of population 65 years of age or older, and (4) five-year average infant mortality rate. Federal law does not require data for these areas to be updated. *(Applicable Programs: Rural Health Clinic Certification, Federally Qualified Health Centers (FQHC) and FQHC Look-Alikes)*

P - Part of the County/City is Designated
F - Facility Designation
CT - Census Tract

Totals: VMUAs - 43 whole counties/cities
HPSAs - 36 whole, 20 part counties/cities, 3 facility (59 total)
MUAs - 67 whole, 26 part counties/cities (93 total)

COUNTY/CITY	VMUA *(effective 1/16/97)*	HPSA	MUA
Accomack	Yes	Yes	Yes
Albemarle	No	No	Yes (P) CTs 113.98, 114
Alexandria City	No	No	No
Alleghany	Yes	No	Yes (P) Boiling Spring District
Amelia	No	Yes	Yes
Amherst	No	No	Yes

NTY/CITY	VMUA *(effective 1/16/97)*	HPSA	MUA
Appomattox	No	Yes	Yes
Arlington	No	No	No
Augusta	No	No	No
Bath	Yes	No	Yes (P) Warm Springs and Williamsville Districts
Bedford City	No	No	No
Bedford County	No	Yes (P) Peaks District Big Island District CTs 305.98, 301.98	No
Bland	Yes	Yes	Yes
Botetourt	No	Yes (P) CTs 401-402 Northern Botetourt	Yes
Bristol City	Yes	No	Yes
Bru ck	Yes	Yes	Yes
Buchanan	Yes	Yes	Yes
Buckingham	No	Yes	Yes
Buena Vista City	No	No	No
Campbell	No	Yes (P) CTs 204.98, 205-209	No
Caroline	Yes	Yes	Yes
Carroll	No	Yes (P) Laurel Fork District	Yes
Charles City County	No	Yes Population HPSA – Low Income	Yes
Charlotte	Yes	Yes	Yes
Charlottesville	No	No	No
Chesapeake	No	Yes (P) South Norfolk CTs 201-204, 205.01, 205.02, 206-207	Yes
Ches. field	No	No	Yes (P) CTs 1010.01, 1010.02

COUNTY/CITY	VMUA *(effective 1/16/97)*	HPSA	MUA
Clarke	No	No	Yes
Clifton Forge City	Yes	No	No
Colonial Heights City	No	No	No
Covington City	Yes	No	No
Craig	No	Yes	Yes
Culpepper	No	No	Yes (P) Cedar Mountain and Jefferson Districts
Cumberland	No	Yes	Yes
Danville City	Yes	Yes Population HPSA - Low Income	Yes
Dickenson	Yes	Yes	Yes
Dinwiddie	No	Yes (F) Federal Correctional Institution-Petersburg (Only)	Yes
Emporia City	Yes	No	No
Essex	Yes	No	Yes
Fairfax City	No	No	No
Fairfax County	No	No	No
Falls Church City	No	No	No
Fauquier	No	No	Yes (P) Lee and Marshall Districts
Floyd	No	No	Yes
Fluvanna	No	Yes	Yes
Franklin City	No	No	Yes
Franklin County	No	Yes	Yes
Frederick	No	No	No
Fredericksburg City	No	No	No
Galax City	No	No	No
Giles	No	No	Yes
Gloucester	No	No	Yes (P) Petworth District

NTY/CITY	VMUA *(effective 1/16/97)*	HPSA	MUA
Goochland	No	Yes (P) CTs 4002-4005	Yes
Grayson	No	Yes (P) Elk Creek, Wilson Creek, Trout Dale, and Independence Districts	Yes (P) Wilson Creek District
Greene	No	No	Yes
Greensville	Yes	No	Yes
Halifax (includes South Boston)	Yes	No	Yes
Hampton City	No	No	Yes (P) CTs 105, 106.01, 106.02, 109, 113,114, 117
Hanover	No	Yes (P) CTs 3201-3202	No
Harrisonburg City	No	No	No
Henrico	No	No	No
H[illegible]	Yes	Yes Population HPSA - Low Income	No
Highland	Yes	Yes	Yes
Hopewell City	No	No	No
Isle of Wight	No	Yes (P) Berlin, Ivor and Hardy Districts	Yes
James City County	No	No	Yes (P) Low Income Population - CTs 801.98, 802.98, 803, 804
King & Queen	No	No	Yes
King George	No	Yes	Yes
King William	No	No	Yes
Lancaster	Yes	No	Yes (P) Mantua Division, White Chapel District
Lee	Yes	Yes	Yes
L[illegible]on City	No	No	No
Loudoun	No	No	Yes (P) CTs 6108-6110

COUNTY/CITY	VMUA *(effective 1/16/97)*	HPSA	MUA
Louisa	Yes	Yes (P) CTs 9501, 9505	Yes
Lovingston	No	No	No
Lunenburg	Yes	Yes	Yes
Lynchburg City	No	Yes (F) Free Clinic of Central Virginia Facility Designation	Yes (P) CTs 5.98, 6
Madison	No	No	Yes
Manassas City	No	No	No
Manassas Park City	No	No	No
Martinsville City	Yes	Yes Population HPSA – Low Income	No
Mathews	No	No	Yes
Mecklenburg	Yes	Yes (P) Bluestone, Boydton, Buckhorn, Chase City, Clarksville, and La Crosse Districts	Yes
Middlesex	No	No	
Montgomery	No	No	No
Nelson	No	Yes	Yes
New Kent	No	Yes	Yes
Newport News City	No	Yes CTs 301-309,313	Yes (P) CTs 301-306, 308, 309, 313, 314
Norfolk City	No	No	Yes (P) CTs 25, 26, 29, 35.01, 35.02, 36, 37, 40.01, 40.02, 41-44, 46-48, 52, 53
Northampton	Yes	Yes Low Income/MFW	Yes
Northumberland	Yes	Yes	Yes
Norton City	Yes	No	No
Nottoway	Yes	No	Yes

COUNTY/CITY	VMUA *(effective 1/16/97)*	HPSA	MUA
Orange	No	No	Yes
Page	Yes	Yes	Yes
Patrick	Yes	Yes	Yes
Petersburg City	No	Yes FCI- Facility Designation	Yes
Pittsylvania	Yes	Yes (P) CTs 101-107 Population HPSA Low Income CTs 108.98, 109-111, 112.98, 113.98, 114	Yes
Poquoson City	No	No	No
Portsmouth City	No	Yes (P) CTs 2107, 2110-2111, 2113-2114, 2117-2121	Yes (P) CTs 2102, 2102.99, 2104, 2106, 2107, 2109-2111, 2113, 2114, 2118-2121
Powhatan	No	No	Yes
Prince Edward	No	No	Yes
Prince George	No	No	No
Prince William	No	No	No
Pulaski	No	No	Yes (P) Draper District
Radford City	No	No	No
Rappahannock	No	No	Yes
Richmond City	No	Yes (P) CTs 201-212, 601-605, 607.98, 608.98 Homeless Population	Yes (P) CTs 102, 104, 201, 202, 205, 207, 301-303, 305, 402, 503, 601, 603
Richmond County	Yes	Yes	Yes
Roanoke City	No	Yes Northwest Roanoke CTs 1,2,7,8,9,10, 23	Yes (P) CTs 1, 2, 7-13, 23 *(Note: Northwest Roanoke - CTs 1, 2, 7, 8, 9, 10, 23 - added 11/5/98)*
Roanoke County	No	No	No
Rockbridge	No	Yes (P)	No

COUNTY/CITY	VMUA *(effective 1/16/97)*	HPSA	MUA
		Natural Bridge District	
Rockingham	No	No	No
Russell	Yes	Yes	Yes
Salem	No	No	No
Scott	Yes	No	Yes
Shenandoah	No	No	No
Smyth	Yes	Yes (P) North Fork and Saltville Districts Konnarock	Yes (P) Chilhowie, North Fork, Rye Valley, and Saltville Districts
Southampton	No	Yes (P) Berlin and Ivor District	Yes
Spotsylvania	No	Yes (P) CT 204.01	Yes (P) Livingston District
Stafford	No	No	Yes
Staunton	No	No	No
Suffolk	No	Yes (P) CTs 651, 653, 654, 655, 756 *(Effective 11/3/98)*	Yes
Surry	Yes	Yes	Yes
Sussex	Yes	Yes	Yes
Tazewell	Yes	No	Yes
Virginia Beach City	No	No	Yes (P) CTs 442.01, 448.06, 466
Warren	No	No	No
Washington	Yes	Yes (P) Jefferson and Mendota/Tyler District	Yes
Waynesboro City	No	No	No
Westmoreland	Yes	Yes	Yes
Williamsburg City	No	No	Yes (P) Low Income Population - CTs 3701, 3702.98, 3703
Winchester City	No	No	No
			Yes (P)

COUNTY/CITY	VMUA *(effective 1/16/97)*	HPSA	MUA
Wise	Yes	No	Gladesville and Lipps Districts
Wythe	Yes	No	Yes (P) Speedwell District
York	No	No	Yes (P) CTs 505, 507, 508 - Designated based on a Low Income Population

For more information, contact the Virginia Department of Health, Center for Primary Care and Rural Health, at 804) 786-4891.

Attached are the front and back covers of the book
Ag-Med
The Rural Practitioner's Guide to Agromedicine
Diagnosis and Management at a Glance

A copy of this book may be obtained by calling the Center for Primary Care and Rural Health in the Virginia Department of Health
804 786-4891

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

AG-MED

THE RURAL PRACTITIONER'S GUIDE TO AGROMEDICINE

Diagnosis and Management at a Glance

Virginia Tech
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Virginia Cooperative Extension

VIRGINIA STATE UNIVERSITY

Ag-Med Guide Endorsement List:

Caring Congregations, Union Theological Seminary
Capital Area Rural Health Roundtable, George Mason University
Department of Entomology, Pesticide Programs Unit, Virginia Tech
Department of Human Nutrition, Foods and Exercise, Institute for Community Health, Virginia Tech
Medical Society of Virginia
Migrant Health Network – Alianza de Salud
National Black Farmers Association, Integrated Farms Outreach Program
Rural Health Policy Program, Virginia Tech
United States Department of Agriculture Rural Development
Virginia Academy of Family Physicians
Virginia Association of Free Clinics
Virginia Center for the Advancement of Generalist Medicine
Virginia Cooperative Extension
Virginia Department of Health
Virginia Farm Bureau Federation
Virginia Hospital and Healthcare Association
Virginia Institute for Pharmaceutical Care
Virginia, Maryland and Delaware Association of Electrical Cooperatives
Virginia Pharmacists Association
Virginia Primary Care Association
Virginia Rural Health Association
Virginia Rural Health Resource Center
Virginia Area Health Education Centers Program
- Blue Ridge Area Health Education Center
- Eastern Virginia Area Health Education Center
- Greater Richmond Area Health Education Center
- Northern Virginia Area Health Education Center
- Rappahannock Area Health Education Center
- South Central Area Health Education Center
- Southside Area Health Education Center
- Southwest Virginia Area Health Education Center

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